BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 -

12	FOR 1 - STATE 87 REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	3 2 0 6
1	1. DECEASED NAME FIRST (TYPE OR PRINT)	MAS L.	ABRAMS	20. DATE OF DEATH MONTH	-87 YEAR 26 HOUR 6.53P
		I RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
	MALE	BLACK	NOVTH 12 DAY 1952 AR	34 YRS.	MONTHS DAYS HOURS N
1	76. BIRTHPLACE (STATE OR FOREIGN ) MARYLAND	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGES	
4	10. CITY OR TOWN OF DEATH  CHEVERLY	PRINCE GOERGES	HOSPITAL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS INDUSTRY NONE
5	USUAL RESIDENCE (IF NURSING HOME OR C 130, STATE 136 COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFO TY 13. CITY OR TOY UPPER M		13: STREET ADDRESS / ZIP COL 15500 PEERLESS	DE AVE 20776
7	14. FATHER'S NAME MILTON	E. ABRAMS	15. MOTHER'S MAIDEN NA ETHEL	ME	SELLASIAN
1	160. WAS DECEASED EVER IN U.S. ARA (YES, NOOR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIAL SEC WAR OR DATES) 213-64-	MILLIUM ADRIAN	AS 15500 TERRLES	S AVE O M.D.
<b>'</b>	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA			
7	PART 2. OTHER SIGNIFICANT CO  I. S. M. O. K. E. R.  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	2. CACH	EX A 3 MEN TA HOPERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	IVEN IN PART 110  TO OV  ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
	STIFI		•	YES NO	res NO
7				RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEA!  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY STAT
	saw the deceased alive an above, (I) (we) (did) (did not	ol) attended the deceased from 19 19 19 19	92, and that in (my) (aur) opinion	death accurred on the date and ha	that (I) (we sour and from the causes state
	22b. SIGNATURE	lyoh	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	10-2-8
/	22d. PHYSICIAN'S NAME (TYPEOR	ORK MI	0 220. ADDRESS 5500	R MARLBORD /	NO 20777
	230. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY MOSES CEMETERY	23d LOCATION  LOTHIAN P.	
4	24 FUNERAL DIRECTOR	ROLLINS FUNERA	AL HOME, INC. NOV	TOF 9 1987 ISTRA JAN REG	THE SECTION AND THE SECTION AN

4339 HUNT PLACE, N.E.

WASHINGTON D.C. 20019

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A DELL'ES FLYCTORI, MOLES, MOLES DE L'ALLE COMMENTANTE DE L'ALLE C

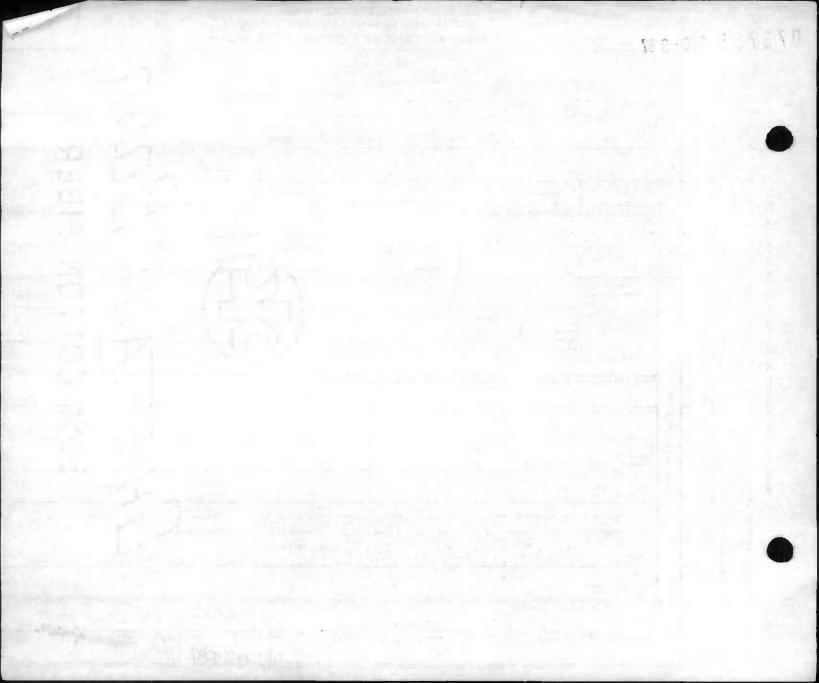
Vann & Williams, 4804 Ga. Ave., N.W.-Wash., D.C.

(VR A15 ME (5))

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY SENE

3753 DEC	بحا	REGISTRAR		WEI		XAMINER'S	ERTIFICATEO		REG. NO.		
or o o ble		ASED NAME	FIRST		MIDDLE		LAST	Ze. DATE OF	KNOWN X	MONTH DAY YEAR	2b. HOU
以本の民生			Just:	in L	amar		Ahmad		MATED	11 26 19 87	
5000 DE	3. SE)		4 RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEARS IF UN	DER 1 YR. IF UNDER	24 HRS 20 DATE		NONTH DAY YEAR	2d HOU
8358¥	M	ale	Black	Dec. 14,		04 YRS.	TO DATO HOURS	DEAL		11 26 19 87	8:05
882E87		RTHPLACE (ST		76. CITIZEN OF WH	AT COUNT	TRY? 8. MADD	ED NEVER MARRIE	9 BALTIA	AORE CITY OR C	OUNTY OF DEATH	
は高いますった	M	arylanc		U.S.A.		WIDOW			nce Geor	ge's County	M
CARRES V	10. C	TY OR TOWN	OF DEATH	11. NAME OF HOS		SING HOME, OR OTH	er institution	12a USUAL OCCL		WORK 126 KIND OF BUS OR INDUSTRY	
No. H		at Plea		203		n Street		None		None	
E 285007	13e. S	TATE	13b. COUNT	ROTHER INSTITUTION, GIV		DEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDR	ESS	intu	1
T THE WORLD		aryland	P.G.	•	Seat	Pleasant	YES NO		9th Stre	et	2
3 - 1000		ATHER'S NAME		WIDDLE	Ł.	AST	15. MOTHER'S MAIDE		MIDDLE	LAST	
H NOTE OF	1	lifton		efan	Ahma	ad	Tracy	Roci	helle	Williams	5
IMO NSS OR A	71.	ES, NO, OR UNKNO	DEVER IN U.S. ARM	NED FORCES?	16b. SOCI	IAL SECURITY NO.	17. INFORMANT		ADDRESS		
JRS AFTER WITH FOIR PAGES DIVISION	N	0			Nor	ne	Tracy Wil	liams - :	same as	item #13	
MI. WILL		II CAUSE O		y one couse per line						APPROXIMATE II	NTERVAL
N S HC ERW	-	5901	1 IMMEDIAT	E CAUSE (a) SI	noke a	and soot in	nhalation				
PRESTO THIN 2-CIL IN IT VER ALC ANSIT P AL HYG REMOV	/	0,00		DUE TO, OR	AS A CONS	SEQUENCE OF					
ANER ALL			is, if ony, which	(b)							
W MEN WEN WEN WEN WEN WEN WEN WEN WEN WEN W	1	couse (a) lying cau	stoting the under-	DUE TO, OR	AS A CONS	SEQUENCE OF					
S EX		lymg cab	36 1031.	(c)_							
ULD BE EXECUTED BE BUILD BE AND BUILD BE AND BUILD BUI		PART 2 OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH I	UT NOT RELAT	EO TO THE TERMINAL OISEAS	OR CONDITION GIVEN IN PAR	T 1 (a).			
ECO BE I BENDI MEDI MEDI MEDI MEDI MEDI MEDI MEDI ME	CERTIFICATION										
ALRI DULD DULD SED SED AL, AL	\A_\	19a DATE OF	OPERATION	196. CONDIT	ION FOR W	VHICH OPERATION W	AS PERFORMED?			20 AUTOPSY?	
	I E									YES 💢	NO 🗌
CATE SH HE WOR HE WOR THE CH ULD BE U	8	UNDERLYING	L CAUSE WAS	21b. TIME OF HOUR A.M.		DAY YEAR 216 HO	OW INJURY OCCURRED	) TENTER NATURE OF IN	JURY IN ITEM 18 PART	1 OR PART 2)	
DIVISION SETTIFIC RITING TH REED TO SE 3 SHOU OI PRIOR	MEDICAL	CONTRIBUTION	NG CAUSE OF D	EATH 8 PX	k 11	26 <sub>19</sub> 87 Ho	ouse fire				
WISH	- G	21d, INJURY C	CCURRED	21e PLACE C	OF INJURY ORY, FARM, ETC		CATION	CITY OR TO	OWN	COUNTY	STATE
DIVIS E. WRITIN RWARDED PAGE 3 STATE DEF	1	AT WORK	NOT WHILE AT WORK	k hor	ne	203	69th St.	, Seat 1	Pleasant	, P.G. Co, 1	MD.
ATE, T	1	22a. I certif	y that I took charge	e of the remains desc	ribed obov	e, held on Author	sy K Inspection	, Inquiry	ond in	my opinian	
AND THE STATE OF T		deoth resulte	d from Nature	ol couses ,	Accident	X A ASSocide	, Homicide .	Undetermined m	anner .		
PINE EXA			MAG	INT		5/1/2	A TITLE (SPECIFY)				
ICAL EXAMENTE SHOULD BERAL DIRECENTIONS CONTRACTORS CO		SIGNATURE_	XIVA	mo I	. 4	KUL JIM	Assistan	t MEDICAL EXAM	AINER	DATE SIGNED 11/27/	87
0= #702	1/		V V					- The state of the		3101420	. 7 -
TO MEDI EXECUTE PAGE 4 TO FUNI BAHTIMO	1	(TYPE OR PRIN	NAME Mario	F. Golle	, Jr,	M.D.	ADDRESS 111 P	enn St.	Balto,	MD.	
5X45AA	23a.B	URIAL, CREMAT	ION, REMOVAL 23	b. DATE	23c. N	AME OF CEMETERY O	R CREMATORY	23d. LOCATION		november 2 - 2 - 2	
7/84 BP		Burial	1	2-1-87	I	incoln Cem	eterv	Cartella	A 600 A	widow Parphalli	-
DHMH - 17	24 FI	UNERAL DIREC	TOR	han over Inners	4	004 6	e.,N.W.,Wa	ECO TO BO	STATE STATE	AR'S SIGNATURE	
(VR A15 ME (5))	1	ALLI OF VV.	TITALIS F	unerar HC	me, 4	804 Ga. Av	e., N.W., Was	sh.,D.C.	0		





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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

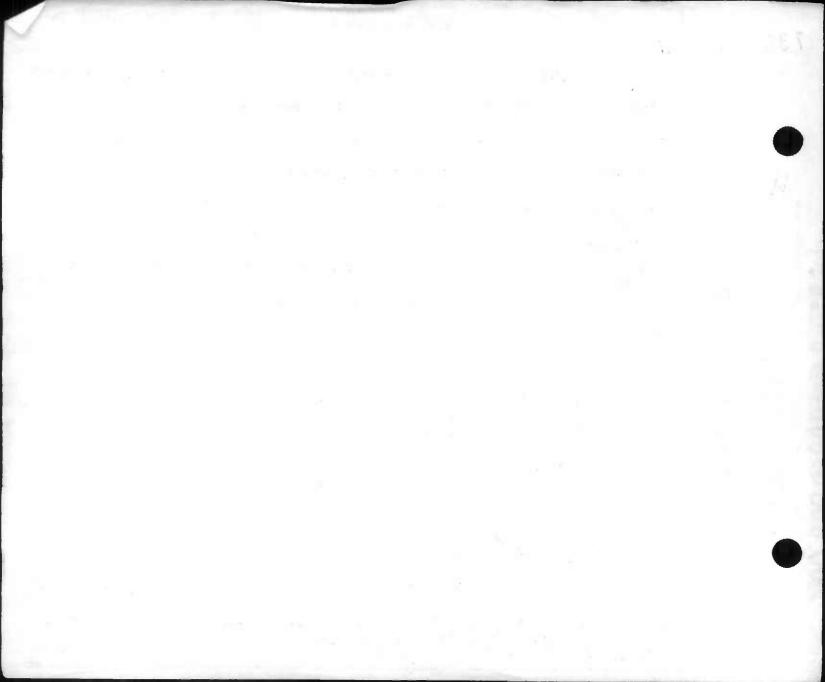
FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYC ICATE OF DEATH		3. NO.	Self Con	
1. DECEASED NAME	FIRST	-	MIDDLE	L	NST .	20 DATE OF DEAT	н момтн	OAY YEAR	26 HOUR
(TYPE OR PRINT)	MOU	1		ALI	_EN		11	14 87	2 20
3. SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LA	ST BIRTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 H
MALE		BLACK		09	14 14	7-3	YRS		TOOKS IN
7a BIRTHPLACE (S	ATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CI	TY OR COUN	TY OF DEATH	
South	Carolin	a US	A	WIDOWE		PRINC	E GEORG	GE'S	
10 CITY OR TOWN	OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCU	PATION OST OF WORKING	12h KIND C	F BUSINESS
CHEVERL	Y	PRINCE	GEORGE'S	HOSP:	TAL CENTER	None	031011101111	J (BE)	
SUAL RESIDENCE 130. STATE Maryla	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS?	13e STREET ADDR		and the same of th	145
14. FATHER'S NAME		10			15 MOTHER'S MAIDEN NA				
Tames	_	WIDDLE	LAST		Bessie A	11en Mior	OLE.	LA	21
	James Bates  was deceased ever in u.s. armed forces? 166 SOC				17 INFORMANT		DDRESS		
(YES, NO OR UNKNO	WN) (IF YES, GIV	E WAR OR DATES)	709 12	4759	Robert Al	len-son-	-1100	Booker	Driv
NOI	ER SIGNIFICANT OF	01 Ca	of dun	e c	NOT RELATED TO THE TERM	VINAL DISEASE OR 200 AUTOPSY?	Civer 20b 1F	GIVEN IN PART 1: YES, WERE FINDI	NGS USED
E -						YES NO	Ø	YES 🗌	NO 🗌
OR CONTRIBUTE	WAS UNDERLYING LAUSE OF DEA			AY YEAR	21CHOW INJURY OCCUP	RED (ENTERNATURE O	F INJURY IN ITEM	18 PART ( OR PART 2)	
(IF EITHER NO	NOT WHILE AT WORK	21e PTACE (AT HOME, ST	OF INJURY REET FACTORY OFFICE F	ARM ETC )	211 LOCATION STREET	CHY	ORTOWN	COUNTY	STATI
saw the	that (I) (this hospi deceased alive an ) (we) (did) (did no		11-13-109		d that in (my) (aur) opinian	death accurred an		haur and fram the	
276. SIGNATI	Maln	wel .			DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				
	ARINDE		HAZING	th	Prince Bu	eorge's C	rever	Etto bite	JAM.
Burial CREM	TION PMOVAL	Nov.	200/987		EMETERY OR CHEMATORY		y Sui	tlánď,Ma	
14 FUNERAL DIREC	110.00	Home-4	SOL Benni	ng Ro	ad, N.E. NO	V 24 198	7 Adi	SISTRARS SIGNA	./ .

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR, After this certificate has been signed by the attendir should be detached for use or the burish-transit permit. Their please remove con-with the State Debt. of Health and Mental Hygierie paidr to buriol, cremation, or

ATTENDING PHYSICIAN, The

TO HOSPITAL



	FOR
-	STATE
	DECISTRAD

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	L	v	, ,	`-

1 DEC	REGISTRAR CEASED NAME FIRST	MIDDLE	IAST	REG. NO.	DAY YEAR 76. HOUR				
18 87	ORPRINTI Ameli	la Olson ANDERSON		November 8, 1987					
	emale	White Febr	uary 6, 1893	94 YRS.	MONTHS DAYS HOURS MIN,				
	RTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.		Prince George's Co.					
L	y or town of death anham	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  AMI Doctors Hosp. o	f Pr. Geo. Co	HOUSEWITE	TOWN HOME				
Må	aryland 13P.G	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	YES NO	8398 DONES KUEOD	rive 20784				
14. FA	ATHER'S NAME August	O lason	15. MOTHER'S MAIDEN NA	ailable) MIDDLE	LAST				
No No	VAS DECEASED EVER (N. U.S. AR XES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 501–44–1816	Marion A. Jo	ighter) 8308 Dono hnson New Carro	ghue Drive  Ilton, Md. 2078  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ATION	underlying couse lost.  PART 2. OTHER SIGNIFICANT (	(c)CONDITIONS CONTRIBUTING TO DEATH BU		20a AUTOPSY? 296 IF YES	S, WERE FINDINGS USED				
CERTIFICATION	71g. ACCIDENT WAS UNDERLYING	7 716 TIME OF INJURY	71, HOW INDUST OCCUR	YES NO PYES YES NO PYES NO PROPERTY OF INJURY IN ITEM 18 P					
MEDICAL CI	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH DAY YEAR		CITY OR TOWN	COUNTY STATE				
2	saw the second also on obove (II) we I (ald ) (ald ) of the second also obove (II) we I (ald ) (ald ) of the second also obove (II) we I (ald ) (ald ) of the second also obove (II) we I (ald ) of the second also obove (II) we I (ald ) of the second also obove (II) we I (ald ) of the second also obove (II) we I (ald ) (ald ) of the second also obove (II) we I (ald ) (ald	tall attended the discound from 1987	attending HYSICIAN [	death accurred on the date and hou	that (I) we) lost and from the causes stated				
	WILLIAM D. ROSSON, M.D. 5701 - 85th Ave., New Carrollton, M1/20								
23a. B	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	1236 DATE 1236 NAME OF	CEMETERY OF CREMATORY	23d LOCATION	arshall Minneso				
2/F	UNERAL DIRECTOR SCh's S	Sons Funeral Home, F Zenue Hyattsville, Md	P. A. 250. DA	TE REC'D. BY REGISTRAR 256. REGIST					

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

MOV I T 1987 July Server Madries

to the state of th

rector, page 3 urs after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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1	E7	REGISTRAR		CEIVIII	TEATE OF BEATH	REG. NO.						
		CEASED NAME FIRST	WIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR				
	(TYPE	Elsie	Lorraine	APOISK	I	November 25, 19	87	4:10p. M				
	3 SEX		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS				
		Female	White	May		80 YRS	MONTHS DAYS	HOURS MIN.				
5	7a. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT	OF DEATH					
5		Virginia	USA	WIDOWE		Prince-Georges		MD.				
1	10 CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET</li> </ol>		OR OTHER INSTITUTION	12a. USUAL OCCUPATION		F BUSINESS OR				
		Hyattsville	Sacred He	art Ho	me, Inc.	Housewife .	INDUSTRY Own	Home				
É	13a. S	TATE 113b COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO		113d. INSIDE CITY LIMITS?	13. STREET ADDRESS / 71P COD	=					
	Ma	aryland Princ	e-Georges Hyatt	sville	YES NO	13e.STREET APPRESS / ZIP CODE 3200 Madison S	treet,	20782				
	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM							
		Preston	Dewey		Julia	WIDDIE	Golde					
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SEC	URITY NO	17 INFORMANT 1291	1 Kendale € Lane,	Bowie	,				
	11	NO THE STATE OF	577-26-	7386	Julie A. Smit	h, Maryland	20715					
		18 CAUSE OF DEATH (Enter on	ily one couse per line for (a), (b), o	nd (c).)	//		BETWEEN	IMATE INTERVAL ONSET AND DEATH				
			11	yr.								
		IMMEDIATE CAUSE (0)  DUE TO, OR AS A CONSEQUENCE OF										
		Canditians, if any, which		wy	Edupte K	ent disease	- 14	n				
		gave rise to immediate cause (a), stating the	DUE TO, OR AS AZEONSEQ	ANCE OF	1 1							
	10	underlying couse last.	(c) Clut	rol	gelevarolees	en wel	-3 9					
		PART 2. OTHER SIGNIFICANT	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIV	EN IN PART 10	a '				
	ō N											
7	CERTIFICATION	198. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		S, WERE FINDIN					
L	RTIF						S 🗌	NO 🗌				
1		21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	216. TIME OF INJURY	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)					
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19								
	ED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
	2	MMILE NOT WHILE AT WORK										
			tal) attended the deceased fram	Nov.	26 19 84	, to 11-23	19 8-7	that (1) (we) last				
d		sow the deceased alive an abave, (1) (we) (did) (did na	t) view the body after death	, ar	nd that in (my) (aur) opinian a	death accurred an the date and hou	r ond from the	causes stated				
	-	22b. SIGNATURE	2111		DEGREE		22c. DATE	SIGNED				
		John	2/xln	11-1	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR   PHYSICIAN	1176.	-87				
		22d PHYSICIAN'S NAME (TYPE O	or Minity		22e ADDRESS	110	.0					
		JOHN N	KEHU	E	6300 Ru	redol 1401. 1	River	Lely				
		URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE				
	Bu	urial	11-28-87 C	olumbi	a Gardens Ce	m. Arlington,	Arlingto	on, Va.				
	24 F	RANCISCASCH	IS SONS FUNER	AL HO	OME P.A 25a DATI	REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNAT	URE				
	47	39 Baltimore A	ve., Hyattsville	. Mar	yland	DECO 2 1987 Juli	a Dunder	Ludian				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physishould be detached for use as the buriol-transit permit. Then please remove corbon page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion. IMPORTANT: If Nem 21 is morked or Item 18 shows ony injury, or other troumance

FOR STATE

and the second s

DEC 0 2 1987 ( in John S. See

FOR STATE

STATE OF MARYLAND

270	0 7 MOL	100	REGISTRAR				CERTIF	CAIL OF DEATH		REG. NO.			
JZ	3 / 1/01		CHABED NAME	FIRST		WIDDLE	L/	AST	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOU	JR
y be	death			James		Murile		mold			15-87		LOA <sub>M</sub>
E	te b	3 SE	Х		4 RACE		5. DATE O		6 AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DAYS		MIN,
ige 4	urs a		Male		Cauca		Feb.	16, 1943	44	YRS			
4 F	2 40	1	IRTHPLACE (STATE O			WHAT COUNTR	Y? 8. MARRIET	NEVER MARRIED	9 BALTIMORI	CITY OR COUN	TY OF DEATH		
deot	7 0 0		Vash. D.C.		U.S.A.		WIDOWE	D DIVORCED		ce George			MD.
he fo	with the same of t	10 C	ITY OR TOWN OF D	EATH		HOSPITAL, NUR!		R OTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WORKING		OF BUSINE	ESS OR
rs of	1 Co		Jpper Mar			James St			Plumk	er	James	Arna	aldIn
4 hau	d be	13a.	AL RESIDENCE (IFNI	13b COUN	ITY	13c. CITY OR TO	OWN I	13d INSIDE CITY LIMITS?	13e STREET AD	DRESS / ZIP CO	DE . 20	772	
2 2	1 E	_	aryland	Pr.	Geo.	Upper M	ariboro	YES NO X		James Sti	reet 20	,,,,	
700 3	S / 1	T.	FIRST		MIDDLE	LAST		Marcella	AME	MIDDLE		AST	
1	1/100	100	James			Arnold				L. ADDRESS	BE	eavers	<u> </u>
1 7	P dico	1	WAS DECEASED EV		WAR OR DATES)	16b SOCIAL SE		17 INFORMANT	J.J. Com				
9 0	5 9 E		VO .	N/F	1	213-40	<b>-</b> /433	Joyce Arno	ota Saine	as 13 a			
cate	oppe aval.		PART I. DEATH	ATH (Enter on WAS CAUSE)	ly ane cause per	r line far (a), (b)	and ic	Ladunt			BETWEEN	XIMATÉ INTER N ONSET AND	DEATH
ertifi	eve eve				E CAUSE (o)		wer	gavair,	1				
oth c	cort n, or matie				DUE TO, O	R AS A CONSEC	WAS BENU	YAN HALLE DE	WOULD.				
ded ded	nove	100	Conditions, if a		(b)		Occide	Ciarioac De	·····	0	-		
of the	se recorded the second of the		underlying cau		DUE TO, O	R AS A CONSEC	moda	stake (	arin	DMG	9		
ss the	plear priol,		DART 2 OTHER SI	GNUEICANITO	ONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TER			CIVENI INI DART 1	10	
quir	Then to be	N	TAKI 2 OTTEK SI	OITH ICAITI	ONDITIONS C	OTTINIDOTINO I	O DEATH BOT	NOT KEERIED TO THE TEX	MITAL DISLASE	211 CONDITION C	SIVER IN ART		
w re	mit. I	CERTIFICATION	190. DATE OF OPER	RATION	19b COND	ITION FOR WHI	CH OPERATION	N WAS PERFORMED	200 AUTOP	SY2 20b. IF 1	ES, WERE FIND	INGS USEI	D
he lo	ows ene	Ĕ			120				YES 🗌 I	- W	TIFYING CAUSE YES	NO [	
N T	Hyg Hyg 18 sh	E E	21a. ACCIDENT WAS	harper to be a second	216. TIME C	OF INJURY .M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATU	ALLE IN ITEM I	8 PART I OR PART 2)		
ICIA 3 ph	mtol mtol	1 X	OR CONTRIBUTING		111	.M. MONTH	DAT TEAR	1					
HYS	A Me	MEDIC	21d INJURY OCCU		21e PLACE	OF INJURY		TH. LOCATION		CITY OR FOWN	COUNTY	,	STATE
G P otte	s the	2	WHILE NOT	WHILE	(A) HOME SI	REET FACTORY OFFIC	E, PARM, ETC				-		
VDIV PA	A smo		220.1 certify that	(I) (this hospit	al) attended th	deceased from	3	19 8	1	19	. 19 8	, that (1) (v	we) last
TTEN	of H of H		sow the dece above, (I) we	sed alive an	view the bady	datter death	4) - (X	d that in (my) (aur) apinio	death accurred	on the date and h	our and from th	e couses sto	oted
A A A hos	hed		286 SIGNATURE		1 /	110.	1	DEGREE	· /		22c. DAT	ENGNED	1-
Al C	AL Date Date Date Date Date Date Date Date		Ma	Hon &	MU	Jay W		ATTENDING PHYSICIAN	DIRECTOR _	STAFF PHYSICIAN	(1	1171	15
d by	be de Stot	1	22d. PHYSICIAN'S	NAME LTYPE OF	R PRINT}	0	^^	11. ADDRESS		11	1, 20	20	
O HO	with the		murth	10-lup	17775	13 7C	Denvo	well of	we go	eoule	A CO	11/6	)
Di pa	5 € 3 ₹	23a.	BURIAL, CREMATIO		20 ATE	071	I NAME OF C	ME WAY OR CREMATORY	234 10 CAT	ION	COLARIA		STATE
BP_			Cremation	n			Lee Cr	rematory	Clir	nton Pr.	. Geo. N	/ld.	
DHMH - 1	16 60M 7/B4	24 F	UNERAL DIRECTOR	Tee Fu	neral H	ome Inc		25a. DA	TE REC'D. BY REC	1987 Julius	ISTRAD'S SIGNA	Panda	es.
	A 15, 46633	01	d Alexand	ler Fer	ry Rd.	Clinton	, Md.		INA SO	1987 Julio	C Darries		
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-4-4-17 41 180 8 8 VON

STATE OF MARYLAND - STATE REGISTRAR CEASED NAME 20. DATE KNOWN ELIZABETH OF ESTI-DEATH MATED Josephine RNO 3. SEX DATE YEAR PRONOUNCED Aug. 5, 1913 744YRS DEAD To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY U.S.A. Wash. D.C. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Riverdale eland Memorial Hospital Homemaker Own Home 14 FATHER'S NAME MIDDLE Francis Lillian **Pauline** Pherrell Williamson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 4802 Gallatin Street, Hyattsville, (YES, NO, OR UNKNOWN) Mrs. Helen Patrick. No Maryland 20781 BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the underlying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WRITING THE WORD "
ARDED TO THE CHIEF
IGE 3 SHOULD BE USEI
THE DEPARTMENT OF H YES 🗌 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE 220. I certify that I taak charge of the remains described above, held an Autopsy death resulted from: Notural causes Accident TO FUNERAL DAFTER DEATH BALTIMORE M 334 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Arlington Burial Arlington Nat. I. Cem 11-30-87 07/84 25M FRANCIS GASCH'S SONS FUNERAL HOME, P.A.DEC 4739 Baltimore Ave., Hyattsville, Maryland **DHMH - 17** (VR A15 ME (5))

73831 EE-387 Jalephine 128867 11 36 17 18 F July to The state of CHANGE PER PER 13,26 VOSES PARELLY MD PRINCE BELLE HYDERSLUE - SBS 42 W 41 - # 220 M A LASON FOR STATE OF THE TOTAL OF South I WE COME SOUL SOUR THE WINDOW SEE The first of the second second with the second seco 

07/84 BP **DHMH - 17** (VR A15 ME (5))

121/87

EXAMENER'S NAME John

(EYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY LINCOLN

ADDRESS.

BLADENSBURG

Iver Spring

Seminary Rd.

24 FUNERAL DIRECTOR WASHINGTON + SONS 4925 BURROUGHS AVE. WE.

S. Rogers,

CEM.

10/2014/03/10

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CHAMBERS CREMATORY

RIVERDALE, Md. 2073

RIVERDALE

7b. HOUR

IF LINDER 2.1 MRS

NO F

STATE

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24. FUNERAL DIRECTOR

CHAMBERS CO.

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### STATE OF MARYLAND

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HEALTH AND MENTAL HYGIENE	1	13	0	tion	The said	
ICATE OF DEATH	D.F.	0.110				

	CLASED NAME OR PRINT)	FIRST YLV(A-		Louise	BA	RKE	20. DATE OF DEATH	MONTH	7 f	7 2	900
3. SEX		4.	RACE Black		5. DATE OF		6. AGE (IN YEARS LAST	BIRTHDAY) YRS	IF UNDER I		FUNDER 24 HI
	RTHPLACE (STATE OR F COUNTRY)  North Care		CITIZEN OF	WHAT COUNTRY?	R	NEVER MARRIED	9. BALTIMORE CITY Prince	_		Н	
	ITY OR TOWN OF DEA	ATH 11	I. NAME OF		IG HOME OR	OTHER INSTITUTION  IG CARE CENTE	12a. USUAL OCCUPA	ATION IT OF WORKING	12b. KII		BUSINESS
13a S	AL RESIDENCE (IF NURS STATE Md.	136 COUNTY		GIVE RESIDENCE BEFORE 134 CITY OR TOW  Landover	'N   1	3d. INSIDE CITY LIMITS? YES⊕X NO □	13e STREET ADDRES 6109 Osb				207
	ATHER'S NAME FIRST Matther	w Gode		LAST		s MOTHER'S MAIDEN NA FIRST Cornel  17. INFORMANT	ia Stanley	ORESS		ŁAST	
	VAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		238-50-	0439	Donell Bar	bee; 6109	Osbori				
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED I		ALUTE		Acute Respir	atory Fail	ure	BETY	. 1	TE INTERVAL SET AND DEAT
				.//						//	7 2 (1-7)
NO	Conditions, if any, gove rise to improve (a), static underlying cause  PART 2. OTHER SIGN	mediote ng the last.	(c)	r as a conseque		OT RELATED TO THE TERM	NINAL DISEASE OR CO	DNDITION G	IVEN IN PA	RT Ita	TEHL
TIFICATION	gave rise to immore couse (a), stating underlying cause	mediote ng the last.	(c)	R AS A CONSEQUE	ENCE OF	OT RELATED TO THE TERM	20a AUTOPSY?	20b. 1F Y	ES, WERE F	INDING USES O	
CAL CERTIFICATION	gave rise to improve (a), static underlying cause PART 2. OTHER SIGN	mediate  ig the  last.  NIFICANT CO  TION  DERLYING   CAUSE OF DEATH	19b. COND 21b. TIME O HOUR A.	r as a conseque diviributing to ! Ition for which	DEATH BUT N		200 AUTOPSY? YES NO	20b. 1F Y	ES, WERE F FIFYING CA YES	INDING USES O	F DEATH?
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10-12n i	gove rise to improve to story underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a ACCIDENT WAS UNION COONIRIBUTING 1 21d INJURY OCCUM AT WORK NOT WAT WORD  22a I certify that (1)	mediate ng the ng the lost.  NIFICANT CO  TION  DERLYING CAUSE OF DEATH CALE EARMINER)  RED  RED  RED	(c)	R AS A CONSEQUE  ITION FOR WHICH  OF INJURY  M. MONTH D  M.  OF INJURY  REE1. FACTORY, OFFICE F  THE DECEMBER OF TOM  THE DECEMBER OF T	DEATH BUT N OPERATION  AY YEAR 19 FARM, ETC.)	WAS PERFORMED  210 HOW INJURY OCCUR  211 LOCATION STREET	20a AUTOPSY? YES NO X RED (ENTER NATURE OF III	20b. IF Y IN CER	ES, WERE F FIFYING CA YES D S PART I OR PAI COUN	INDING USES O	F DEATH? NO STATE
10-12n i	gove rise to improve to the couse (a), statir underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTHEY MEDI 21d INJURY OCCUR WHILE NOTHEY MEDI 22a I certify that	mediate 19 the 19 the 10st. NIFICANT CO TION  DERLYING CAUSE OF DEATH ICAL EXAMINER RED  (this hospital and plus of pot and plus of pot and plus of pot and plus of pot and plus of pl	(c)	R AS A CONSEQUE  ITION FOR WHICH  OF INJURY  M. MONTH D  M.  OF INJURY  REE1. FACTORY, OFFICE F  THE DECEMBER OF TOM  THE DECEMBER OF T	DEATH BUT N OPERATION  AY YEAR 19 FARM, ETC.)	WAS PERFORMED  21c HOW INJURY OCCUR  21l LOCATION STREET  that In (fmy) your) opinion EGREE ATTENDING PHYSICIAN	20a AUTOPSY? YES NO X RED (ENIER NATURE OF III  CITY OF  death accurred on the	20b. IF Y IN CER	ES, WERE FIFTING CA YES   3 PART I OR PAI  COUN  19 212	INDING USES O	STATE (we) uses stated
MEDICAL	gove rise to improve to story underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a ACCIDENT WAS UNION COONIRIBUTING 1 21d INJURY OCCUM AT WORK NOT WAT WORD  22a I certify that (1)	mediate ng the n	(c)	R AS A CONSEQUE  ONTRIBUTING TO I  ITION FOR WHICH  OF INJURY M. MONTH D. M.  OF INJURY REET, FACTORY, OFFICE F  ofter death.	DEATH BUT N  OPERATION  AY YEAR  19  FARMLEIC )  19  46/66	WAS PERFORMED  21c HOW INJURY OCCUR 211 LOCATION STREET	20a AUTOPSY? YES NO X RED (ENIER NATURE OF III  CITY OF  death accurred on the	20b. IF Y IN CER	ES, WERE FIFTING CA YES   3 PART I OR PAI  COUN  19 212	INDING USES O	STATE  STATE  (we)  uses stated

DHMH - 16 60M 7/8 (VRA 15, 4)

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TO HOSPITAL OF ATTENDING PHYSICIAN: The low

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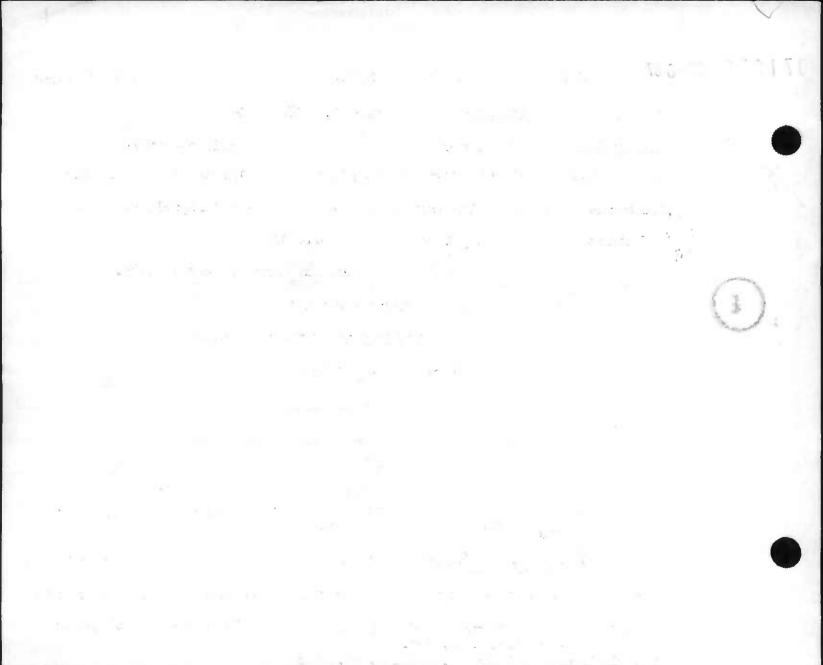
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### STATE OF MARILAND

T OF HEALTH AND MENTAL HYCIENE DEPARTMEN

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DEC	1.	FOR STATE PEGISTRAR	DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 0 6	la la
DEC		CEASED NAME FIRST	MIDDLE	ï	AST	20 DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR
		Anna	J.	В	ARNES	November	26,1987	2:16A M
	3. SE	X	4. RACE	5. DATE C	PE BIRTH	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS	IF UNDER 24 HRS
		emale	Black	Oc			YRS.	MIN,
9/	70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY OR		
1		orth Carolina		WIDOWE		Prince	George's	MD.
13	1	anham	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, AMI Doctors Hos	G HOME C ADDRESS) pital	of Pr. Geo C	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W  P. Retired	VORKING LIFE) 126. KIND INDUSTRY	OF BUSINESS OR
35	13a 3	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUNTY P.G.	100 000 000	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z 505 Suff		#321
Jul	14. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE		AST
(b)	Re	edmond	Johnson		Priscill	a	Vine	S
P. Commercial Commerci		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS		
a He		No N/		8068	Juanita B 8520 Garla	ourguillio		
or ather traumotic e		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) ICELLA OR AS  DUE TO, OR AS A CONSEQUE  (c) CULLUE	e dile	ate inclear	sible orde		
njory,	z	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDIT	TION GIVEN IN PART 1	10
ony in	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES []	
18 T		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY II	NITEM 18 PART I OR PART 2}	- 33
morked or flear	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
21 is		220.1 certify that (1) (this hospi saw the deceased alive an above, (1) (we) (did) (did no	and hour and from the	, that (I) (we) last e causes stated				
MPORTANT: If them		22b. SIGNATURE	& Que a NS	5		MEDICAL STAFF DIRECTOR   PHYSICIA		26/87
MPORTA		22d PHYSICIAN'S NAME (TYPE OF	OFREIGE		4410 the	Ave Landon	u Hilly Di	20186

DHMH - 16 60M 7/84

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR
Stewart

23c NAME OF CEMETERY OR CREMATORY

4001

AATORY 23d LOCATION

Natl. Suitland, MD.

250 DATE REC'D. BY REGISTRAR'S GIGNAURS

N.E. 1 0 1987 ashington

Benning Road

07168 2 55-4117

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### STATE OF MARYLAND

FOR 1 - STATE 2 REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH . MO	NTH DAY YEAR 25 HOUR
(TYPE OR PRINT)	MAE BART	ELS	11	
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	
FEMALE	WHITE	05 15 1897	90	YRS DAYS HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT		9. BALTIMORE CITY OR C	
New York	USA	WIDOWED DIVORCED	PRINCE GEORG	
10. CITY OR TOWN OF DEATH  CHEVERLY	(IF NOT IN SUCH FACILITY, GIVE S	IRSING HOME OR OTHER INSTITUTION TREET ADDRESS) S HOSPITAL CENTER	120 USUAL OCCUPATION 11YPE OF WORKFOR MOST OF W. UNKNOW	ORKING LIFE INDUSTRY
STATE MARY LAND	ROTHER INSTITUTION GIVE RESIDENCE IN NOT CALL CITY OR LEXING TO	JOWN Park 13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA	13e.STREET ADDRESS / Z 102 Spring V	P CODE alley Dr /20653
George	MIDDLE Kliphs		WIDDLE	ŁAST
	IVE WAR OR DATES)	SECURITY NO. 17. INFORMANT 2-4336 Jo Ann Sumst	Port Tob ine/1123 How	ard Dr
PART I. DEATH WAS CAUS	TE CAUSE (o)	the respiration y	FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSI	N. S. L.	AINAL DISEASE OR CONDIT	DAYS
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES NO NO NO
210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE OFFICIAL EXAMINE OFFICIAL EXAMINE OFFICIAL EXAMINE OFFICIAL EXAMINE OFFICIAL EXAMINE OFFICIAL EXAMINE	HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	RED (ENTER NATURE OF INJURY IN	
27a I certify that (I) this has	ottended the deceased from	DEGREE		ond hour and from the causes stated
	ORPRINTIFOR D. YUSlan	7500 GREEN		Greenlalt MQ207
230. BURIAL, CREMATION, REMOVA (SPECIFY) Cremation		23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory	23d LOCATION CITY OR TOWN Suitland	PG Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, the

74 FUNERAL DIRECTOR J.B. Tenkins FH/7474 Landover Rd/Landover, Md

Suitland Maryland 1987 AR 256. REGISTRAR'S SIGN MARE

The State of the State of the state of

07/84 25M

**DHMH - 17** 

(VR A15 ME (5))

Burial 24 FUNERAL DIRECTOR

Beall Funeral Home

Nov.16.1987 16000 Annapolis Rd.

Bowie, MD 20715

23¢ NAME OF CEMETERY OR CREMATORY Gate of Heaven Cemetery

Silver Spring, Maryland 1256 REGISTRAR'S SIGNATURE

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recorded toroid June Same Same tale smith Aug. 8, 1936 el Prince Toorgo's County Clandale - 12003 frires Sure Largiand Irince Decree a disconsis - 1200's Frings Court . Hansell Inthropour sample John J. Rogers, M.D. - - Lyes draing, Konsyctory Denty, AD 70 22 12 2 12

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

- STATE REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

CERTIFICATE OF DEATH

(GI	IENE /	43	0 6	a the	7				
		REG. NO							
П	20 DATE OF DE	ATH MONTH	DAY	YEAR 2	HOUR				
		1	12.05A						
	& AGE (IN YEARS	LAST BIRTHDAY)			UNDER 24 H	-			
	72	YR	MONTHS	DAYS	OURS MI	N.			
7	9 BALTIMORE CITY OR COUNTY OF DEATH								
]	PRINCE	GEORGES				MD			
	Printer				ovt.	⊃R			
1	7227 Ma	ryw dod	Stre	et 2	0784				
4AA		IDOLE		arno					
e)		ABORES IV	aryw	ood S	tree				
m	gardner	Hyatts	ville,	Md.	2078	34			

Maryland

DESTASED NAME LAST FIRST HENRY BAUMGARDNER Ford 5. DATE OF BIRTH 4 RACE 3. SEX Oct. 6, 1915 YEAR White Male To BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED West Virginia U.S.A. DIVORCED WIDOWED IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION GEORGES MEDICAL CENTER CHEVERLY USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

Naryland
P.G. Hyattsville 13d. INSIDE CITY LIMITS? YES P NO I 15. MOTHER'S MAIDEN N 4 FATHER'S NAME WOLE John Baumgardner Belle 17 INFORMANT WITE 166 SOCIAL SECURITY NO. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 234-05-5019 Electra Baur APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, ORAS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [ NO YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OF TOWN I AT HOME STREET FACTORY, OFFICE FARM ETC ) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an abave, (1) (we) (did) (did not) view the body after death. and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED DEGREE 22b. SIGNATURE ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 4410 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23b. DATE

George Washington Cem. Adelphi

oth ö 2 prior per and Mental Hygiene marked or item 18 ald be detached the State Dept. If her

r. page 3 ter death

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

1/21/87

<sup>2</sup>francis Gasch's Sons Funeral HOme, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

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VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ENDING PHYSICIAL
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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

November	22,	1987	
e. DATE OF DEATH	MONTH	DAY	Υ[
REG. N	10.		

07	REGISTRAR				G#1(1111	TORTE OF DEATH	REG.				
	ECEASED NAME PE OR PRINT)	CHAR		LYMAN	BEA	AST 1	November		1987	2b HOUR 4:41	A
					5 DATE C		6. AGE (IN YEARS LAST I		IF UNDER 1 YEAR	# UNDER 24	M
3. SE	lale		White			30, AY 1905 AR	81	YR!	MONTHS DAYS		MIN.
	SIRTHPLACE (STATE O	R FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY				
	larÿland		U.S.A		WIDOWE	D DIVORCED	Prince Ge				MD.
	Cheverly	EATH		'		eral Hospital	Baker FOR MOS	TION FOF WORKING		tinent og Cor	
	JAL RESIDENCE LIFNI STATE	RSING HOME OR		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CC			
N	laryland	P.	_	Bladensh		YES X NO	5999 Emer			922 2	20710
14. F	ATHER'S NAME		WIDDLE	LAST	9	15. MOTHER'S MAIDEN NA					
0	Glennwo		WIDDLE	Beall		Minnie	WIDDLE		Mocka	hee	
160	WAS DECEASED EVE		MED FORCES?	16b SOCIAL SECU	RITY NO.	17 INFORMANT	E 6/00	BESS me	erson St		1022
	(YES, NO OR UNKNOWN)	W W	WAR OR DATES)	578-09-6	750	Naomi Beall			burg, N		
1	_			line for (a), (b), one		L.M	(HILE) DIE	CIGILE	APPRO	XIMATE INTERVA	AL
	PART I. DEATH	WAS CAUSE	D BY	Caronas		real out Vine	00 -		GC   WEET	ONSET AND DE	Ant
		IMMEDIAT	E CAUSE (a)		1	record Harves					
			DUE TO, O	R AS A CONSEQUE	NCE OF						
	Conditions, if or gove rise to i		(p)_								
	couse (o), sto	ting the	DUE TO, O	R AS A CONSEQUE	NCE OF						
			(c)								
7	PART 2 OTHERS	GHIFICANTO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION (	GIVEN IN PART 1	10	
CERTIFICATION	10	you	man	· sles	ar						
N V	19a DATE OF OPER	ATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY2		YES, WERE FIND RTIFYING CAUSE		?
E							YES NO		YES [	NO 🗌	-
U	21a. ACCIDENT WAS	_	110110 1		V VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM	IS PART LORPART 2)		
¥	OR CONTRIBUTING	,	1H	4.4 1	7 79	Chris	us en	line	des	4-2	
MEDICAL	21d INJURY OCCL		21e PLACE	OF INJURY		211 LOCATION	CITY OR	10wal	COUNTY	STA	"
ž	WHILE NOT	WHILE ORK	TAT HOME AT	REET, FACTORY OFFICE, FA	ARM ETC )	STREET	CITOR	TOWN	COGIVIT	318	
	220 I certify that		(a) attended the	a deceased from	8-1	13 - 10 75	10 11-2	2	10 87	, that (I) (we	e) lost
	sow the dece	sed olive on	11-20	- 198	2	nd that in (my) (our) opinion	death accurred on the	date and l	hour and from th		
	obove, (I) (we	(did) (did po	t) view the body	ofter death.		DEGREE			122c DAT	E SIGNED	
	1	/	1	//		ATTENDING	MEDICAL ST	AFF	11	-23-	-87
1	224 PHYSICIANS	NAME CURL	1000			PHYSICIAN [	DIRECTOR PHYS	ICIAN [		- /	
				D		6300 Riverda	ale Pond P	ivord	lala Md	2072	27
_	-		noe, M.			<u> </u>		iverc	iale, Ma	. 20/3	-
23a.	BURIAL CREMATIO		23h DATE	1150		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STA	ate.
	Buri	al	11/25	/87   Fo	rt Li	ncoln Cemeter	ry Brentwo	ood	P.G. A	Azryla	nd

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR.

TO HOSPITAL

MPORTANT: If Item 21 is

HINERAL DIRECTOR: After this certificate has been signed by the ottending phy in the detached for use as the burial-transit permit. Then please remove carbonpaths state Dept of Health and Mental Hygiene prior to burial, cremation, ar remov

4 Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781

Fort Lincoln Cemetery Brentwood P.G. Maryland
Home, P.A.
DEC 0 2 1987

July Md 20781

160 C 0 390

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

1		FOR STATE REGISTRAR		DEPARTA		EALTH AND ME			REG. NO.	ن	3	2	6	5
	I. DE	CEASED NAME FIRST		MIDDLE	t	AST		20 DATE OF DE		ONTH	DAY	YE AR	26 HO	UR
	(TANE	ORPRINT)		MAE	ъ	EATON			1	1	14	87	1;	55am
1	3 SE		4. RACE	MAE	5. DATE C	OF BIRTH		AGE (IN YEARS	LAST BIRTHD	PAY	IF UND	DER I YEAR	IF UNDE	ER 24 HRS
	Fe	emale	Caucasia	an	July		15	72		YRS	MONTHS	DATS	HOURS	WIN.
71	7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MA	PRIED []	BALTIMORE	CITY OR (	COUNT	Y OF D	EATH		
J		ashington, D.C.	U.S.A.		WIDOWE		RCED P	RINCE	GEO	RGE	S			MD.
2		TY OR TOWN OF DEATH CLINTON		HOSPITAL, NURSIN HEACHTY GIVE STREET RN MARY				20. USUAL OCC (TYPE OF WORK FOI Housewi	MOST OF W			DUSTRY N/A	F BUSIN	ESS OR
		AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT Prince		GIVE RESIDENCE BEFORE 134. CITY OR TOW Ft. Wash		13d. INSIDE CITY	LIMITS?	3e STREET ADD 1529 T	RESS / Z uckei	IP COD	DE L	2074	4	
)	14 FA	THER'S NAME Walter	WIDDLE	Shockenc	у	15. MOTHER'S M	ST		IDDIE		McD	ona 1	d O	
1		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		1520 m	ADDRESS					
		No (IF TES, GT	AE MAK OK DATE?)	579-22-3	442	Joan A.	Peake	Ft. Wa	shin	gton	i, M	d.		
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)_	r as a conseque	intes	tional B al Failu		g						
	NON	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E	DE ATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE O	r condit	FION G	IVEN IN	PART 1	a ·	
)	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	AED	200 AUTOPS YES □ N		IN CERT		RE FINDIN CAUSES		ATH?
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	R) P.	M. MONTH DA	AY YEAR	21c HOW INJU		D (ENTER NATURE	OF INJURY I	IN ITEM 18	PART 1 O	R PART 2)		
	WED	21d. INJURY OCCURRED  WHILE AT WORK	21e PLACE   AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET		C	ITY OR TOWN	•	C	OUNTY		STATE
		saw the deceased alive ar abave, (1) (XE) (diX (did no	Nov.	13 19	07	5 nd that in (my) (ar	19 <u>87</u> ur) apinian de	, to NOV .	14 n the date	and ho	/			(Xe) last tated
		226 SIGNATURE	rusti			DEGREE ATT PH	ENDING YSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	N []	2	11/1	SIGNED 14/8	
-		CYRUS NEMA				3611	Branch	Ave.Te	mple	Hil	ls,	Md.		
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b DATE 11/18/8			EMETERY OR CRE		23d. LOCATION Arl		on	cou	Virg	inia	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

24. FUNERAL DIRECTOR

6160 Oxon Hill Rd

D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Oxon Hill, Md. George P. Kalas Funeral Home

NOV 18 May

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9 2 2 3

	1-	FOR - STATE REGISTRAR		DEPARTMI		EALTH AND MENTAL HY ICATE OF DEATH	REG. N	io io	la la	7
6 8	(TYPE	CEASED NAME FIRST (	POA MANA		F	3el Bell	November	MONTH DAY	987	HOUR JAM
	1. SE)	× Female	Black		June	DAY YEAR	6 AGE (IN YEARS LAST BI		THE DAYS HO	
47	Wa	RTHPLACE (STATE OR FOREIGN COUNTRY) ashington, DC	76 CITIZEN OF V	States	8. MARRIEE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF		F DEATH	whyo
6	,	Laure 1	CIENOT IN SUCI	R LAURE TREET AC	DORESS)	ROTHER INSTITUTION SVILLE HOSE	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Disa		INDUSTRY NON	CATALOG BOLLOW
36	130. S Ma			GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Capitol			130 STREET ADDRESS 188 Daim	/ZIP CODE ler Dr	ive (2	0743)
60	4. FA	ATHER'S NAME  John	Henry	Be11		IS. MOTHER'S MAIDEN N Essie	AME MIDDLE Den	t	LAST	
1		WAS DECEASED EVER IN U.S.		n/a	ITY NO.	17. INFORMANT Essie Bell	Capitol <sup>AD</sup> PR L(mother)l			
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per SED BY: ATE CAUSE (a)	Septic	(c).)	4			BETWEEN ONSE	INTERVAL I AND DEATH
	1	gave rise to immediate								
ntary, or othe	NOI	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	(c)	RESPICEDIENT TO DE	14		Respirately Fa		IN PART Ita	
Z white come	TIFICATION	cause (a), stating the underlying cause last.	T CONDITIONS CO	Respirator Entributing 10 DE	ATH BUT			20b. IF YES, V	VERE FINDINGS NG CAUSES OF	
20	CAL CERTIFICATION	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	RESPIENDED  DITRIBUTING TO DE  EVALUE  TION FOR WHICH OF  FINJURY M. MONTH DAY	DPERATION	NOT RELATED TO THE TER N WAS PERFORMED	MINAL DISEASE OR CON	20b. IF YES, V IN CERTIFYII YES	VERE FINDINGS NG CAUSES OF I	DEATH?
29	MEDICAL CERTIFICATION	Cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a ACCIENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	T CONDITIONS CO	RESPICED  DITRIBUTING TO DE  SOURCE  FINJURY M. MONTH DAY M.	OPERATION YEAR	NOT RELATED TO THE TER	200 AUTOPSY?  YES NOTE:	206. IF YES, VIN CERTIFYIF YES   JRY IN ITEM 18. PART	VERE FINDINGS NG CAUSES OF I	DEATH?
Z i i managa or imm. za posta ony nipry, or one	MEDICAL CERTIFICATION	Cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCDENT MAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETIMER, NOTIFY MEDICAL EXAMINATION OF COURED  WHILE NOT WHILE AT WORK  22a.1 certify that 11 this hore	T CONDITIONS CO  T COND	DITRIBUTING TO DE  STATE BOLE  FINJURY M. MONTH DAY M. DF INJURY  BET, FACTORY, OFFICE, FAR  e deceased from	ATH BUT  OPERATION  ( YEAR  19  RM, ETC)	NOT RELATED TO THE TER  N WAS PERFORMED  216. HOW INJURY OCCU	200 AUTOPSY?  YES NOTICE NATURE OF INJURED (ENTER NATURE OF INJURE).	20b. IF YES, V IN CERTIFYII YES JURY IN TEM 18 PART	VERE FINDINGS NG CAUSES OF I N 1 OR PART 2)  COUNTY	STATE
and of the state o	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTHEY MEDICAL EXAMIT 21d INJURY OCCURRED WHITE NOT WHITE AT WORK	T CONDITIONS CO  T COND	DITRIBUTING TO DE  STATE BOLE  FINJURY M. MONTH DAY M. DF INJURY  BET, FACTORY, OFFICE, FAR  e deceased from	OPERATION  YEAR  19  RM. ETC)	NOT RELATED TO THE TER  N WAS PERFORMED  21c. HOW INJURY OCCU  21f. LOCATION  STREET  4 19  d that in my (aur) apinion  DEGREE  ATTENDING	200 AUTOPSY?  YES NOTICE NATURE OF INJURED (ENTER NATURE OF INJURE).	20b. IF YES, V IN CERTIFYIT YES JIRY IN ITEM 18 PART	VERE FINDINGS NG CAUSES OF I N 1 OR PART 2)  COUNTY	STATE  STATE  (we) last es stated
T in the contract of the contr	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCISENT VAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION AT WORK AT WORK AT WORK AT WORK OF AT WORK OF AT WORK OF AT WORK OF AT WORK AT WORK OF AT WORK	T CONDITIONS CO  T COND	DITRIBUTING TO DE  STATE BOLE  FINJURY M. MONTH DAY M. DF INJURY  BET, FACTORY, OFFICE, FAR  e deceased from	OPERATION  YEAR  19  RM. ETC)	NOT RELATED TO THE TER  N WAS PERFORMED  211: HOW INJURY OCCU  211: LOCATION STREET  4 (aur.) apinio DEGREE  ATTENDING PHYSICIAN  226: ADDRESS	200 AUTOPSY?  YES NOTIFIED (ENTER NATURE OF INJURA TO A TO A MEDICAL STA	20b. IF YES, VIN CERTIFY IN YES    JURY IN ITEM 18 PART  DWN  19  Jate and haur of AFF  CIAN	COUNTY  COUNTY  22 , that and from the cause	STATE  STATE  (we) last es stated
T I managed of them is a population of the interval of the int	WEDICAL WEDICAL	PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCISENT VAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION AT WORK AT WORK AT WORK AT WORK OF AT WORK OF AT WORK OF AT WORK OF AT WORK AT WORK OF AT WORK	T CONDITIONS CO  T COND	DITRIBUTING TO DE  SOUTH OF THE PROPERTY OF TH	YEAR 19 RM, ETC)	NOT RELATED TO THE TER  N WAS PERFORMED  211: HOW INJURY OCCU  211: LOCATION STREET  4 (aur.) apinio DEGREE  ATTENDING PHYSICIAN  226: ADDRESS	20a AUTOPSY?  YES NOW  NORRED (ENIER NATURE OF INJURED)  OR ACCURRED OF THE CONTROL OF THE CONTR	20b. IF YES, VIN CERTIFYIN YES    JRY IN ITEM 18 PART  OWN  AFF CIAN   SLE 34	COUNTY  COUNTY  1 OR PART 2)  COUNTY  22 that and from the cause  22c. DATE SIGN  COUNTY	STATE  STATE  STATE  STATE  STATE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA
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TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the haspital or attending physician.

BP. DHMH - 16 60M (VRA 15, 4)

07152

/ 19	P DECEASE	1.7		MIDI	DLE	l.	ICATE OF DEATH	2g DA1	REG. NO		DAY YEAR	2b HOUR
	(TYPE OR PRIN	Marg	aret V	WILHI	ELMINA	RFI	NNETT		ovember	7,1	087	12:45 <sup>A</sup>
	3. SEX	Marg	4 RACE		LEWITTA	5. DATE C			(IN YEARS LAST BIRT		IF UNDER 1 YEAR	R IF UNDER 24 HRS
	Femal	e	Cau	ucasi	an	July	17, 1918	-7(	69	YRS.	MONTHS DAYS	HOURS MIN
den	COUNTRY	ACE (STATE OR FOREIGN		ZEN OF WH	HAT COUNTRY?	8. MARRIEI	X NEVER MARRIE	D	MORE CITY OF	_		
1		ngton D.(		.S.A.		WIDOWE	D DIVORCE	D 🗆 Pri	nce Geo		-	WD
3	Lanha		Dog	ctors	Hospita	ADDRESS)	OR OTHER INSTITUTIO	(TYPE OF	JAL OCCUPATION WORK FOR MOST OF SEMBLER		FEI INDUSTRY	n Ind.
5	Mary		OUNTY GE	eo.	College	Park			O Roan	zip code oke F	Place,	20740
2	Edwa	FIRST	MIDDLE		Green		Mary		MIDDLE			million
1		CEASED EVER IN U.S DRUNKNOWN) (15 YE	S. ARMED FOR	DATES)	578-05-7		Mary C.				20740	)
1	18 CA	AUSE OF DEATH (Ent	er only one co	ouse per lin	e forsal, (b), and	dicut .		/			APPRO BETWEET	XIMATE INTERVAL NONSET AND DEATH
- 1	1		DIATE CAUSE		Kesp	valo	114 ta	dure			4	hours
	Conc	IMME ditions, if any, whic errise to immediat e (a), stating th	DIATE CAUSE  DUE	SE (0)	1/	NCE OF	Embol	clure Isa			4.	hours
	Conc gave cause unde	IMME ditions, if any, whice rise to immediat	DIATE CAUSE  DUE	(b)	Kesp Pulma s aconseque Pus as	MCE OF	Em 60 P - Polemo	CAOCIA ETERMINAL DIS		DITION GIV	4 4 VEN IN PART I	hrs.
2	Conc gave cause unde	IMME ditions, if any, whice erise to immediate e (a), stating the couse las	DUE DUE	(c) OR A	Kes p. Pulma Seconseque Office Asi TRIBUTING TO E	NCE OF		IE TERMINAL DIS		206. IF YES	VEN IN PART I	LOS.
2	Concession of the Concession o	ditions, if any, which is to immediate to immediate to immediate to including the course loss. The course loss to the course loss of the course loss to the course lo	DUE  DUE  DUE  DUE  DUE  DUE  DUE  DUE	IE TO, OR A  (b)  IE TO, OR A  (c)  IONS CON	KPS DUSEQUE TO SEQUE TO SEQUE TO SEQUE TO SEQUE TRIBUTING TO DO TO FOR WHICH	DEATH BUT	NOT RELATED TO TH	20a /	EASE OR COND	20b. IF YES IN CERTIF YE	FYING CAUSE ES 🗌	LOS .
27	Conce gave course under the CAL CERTIFICATION To the CALL of the C	ditions, if ony, whice rise to immediate to immediate to immediate to its total that the course loss and the course loss are to its total to its total	DUE	IE TO, OR A  (b)  (c)  IE TO, OR A  (c)  (c)  CONDITIONS CON  CONDITIONS CON  DOUR A.M.  PLACE OF	CONSEQUE  CONSEQ	OPERATION  AY YEAR  19	NOT RELATED TO TH	20a /	EASE OR COND	20b. IF YES	FYING CAUSE ES 🗌	LOS.
27	Conco Could a line of the course of the cour	ditions, if any, which is rise to immediate oil, stating the orlying couse last 2 OTHER SIGNIFICANTE OF OPERATION  CCIDENT WAS UNDERLYING CAUSE OF THER NOTIFY MEDICAL EXAMPLEY OCCURRED	DUE	E (O)  E TO, OR A  (c)  ONS CON  TIME OF II  OUR A.M.  P.M.  PLACE OF HOME STREET	SACONSEQUE  CONSEQUE  CONS	DEATH BUT  OPERATION  AY YEAR  19  ARM. ETC.)	NOT RELATED TO TH  N WAS PERFORMED  21c. HOW INJURY C	20a / YES DCCURRED (ENT	EASE OR CONE  LUTOPSY?  NO PERMATURE OF INJUR  CITY OR TOV	20b. IF YES IN CERTIF YE YIN ITEM 18 9	PART I OR PART 2)	INGS USED S OF DEATH?
27	Concession of the Certification of the Certificatio	ditions, if any, whice rise to immediate the immediate to immediate the immediate to immediate the immediate th	DUE	IE TO, OR A  (b)  (c)  IE TO, OR A  (c)  CONDITION  TIME OF II  OUR A.M.  PLACE OF HOME STREET	SACONSEQUE  CONSEQUE  CONS	OPERATION  APPLICATION  APPLICA	NOT RELATED TO THE N WAS PERFORMED  21t. HOW INJURY CO.  21t. LOCATION STREET  19  dd that in myllour) a  DEGREE  ATTEND PHYSIC	20a / YES DCCURRED (ENT	EASE OR CONE  UTOPSY?  NO PRESENTED TO THE PROPERTY OF TOVE  CITY OR TOVE  CUTTED ON the do	206. IF YES IN CERT IF YE YE YE TO TEM 18 6	PART I OR PART 2)  COUNTY	INGS USED S OF DEATH?
27	WEDICAL CERTIFICATION  AMEDICAL CERTIFICATION  AMEDICA	ditions, if ony, whice rise to immediate to	DUE DUE DUE DUE DUE DUE DUE DI	IE TO, OR A  (b)  IE TO, OR A  (c)  IE TO, OR A  (c)  IT IME OF II  OUR A.M.  PLACE OF HOME STREET	SACONSEQUE PULMA  SACONSEQUE PULMA  SACONSEQUE PULMA  SACONSEQUE PULMA  TRIBUTING TO E  DN FOR WHICH  NJURY MONTH DA  INJURY LFACTORY, OFFICE, F.  19  19  10  10  10  10  10  10  10  10	OPERATION  AY YEAR  19  ARM. ETC.)  5 610	NOT RELATED TO TH  N WAS PERFORMED  21c. HOW INJURY C  21l LOCATION STREET  , 19 and that in (our) a  DEGREE  ATTEND	200 / YES DOCCURRED (ENI  DING MEDI  DING MEDI	CITY OR TOV	206. IF YES IN CERT IF YE YE YE TO TEM 18 6	PART I OR PART 2)  COUNTY	INGS USED S OF DEATH? NO

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# FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT O CERT

MIE OI MANIEMNE	1	
F HEALTH AND MENTAL HYGIENE	1	0 0
IFICATE OF DEATH		

		REGISTRAR							REG. NO	).		
		CEASED NAME	FIRST	,	MIDOLE	t.	AST	2	a DATE OF DEATH	HTHOM	DAY YEAR	2b. HOUR
	(TITE)	S	TEVE	BERN	NARD		BERISH		NOVEMBER	13	1987	10:20Am
	3. SEX			I. RACE		5. DATE C			AGE (IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS
	Ma	ale		Caud	casian	Mar			77	YRS	MONTHS. DATS	HOURS MIN.
		OUNTRY)	DREIGN /	b. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9	BALTIMORE CITY OF	COUNTY	OF DEATH	
		nnsylvani	a/	US	5	WIDOWE			Prince (	George	e's	MD.
1	M. CIT	Y OR TOWN OF DEAT	Н		HOSPITAL, NURSIN		ROTHER INSTITUTION		TYPE OF WORK FOR MOST OF			F BUSINESS OR
7	-	Lanham		AMI DOO	CTORS' HO		L OF PR. GI		CO. Coal			nning
4	13a. S	L RESIDENCE (IF NURSIN	G HOME OR O		13c. CITY OR TOW		13d. INSIDE CITY LIMIT	TS2 113	e STREET ADDRESS /	ZIR CODE	(16	1 CHILF
2		Pa.		ette	Smithfi	eld	YES NO		RD 3 Bo		2 / 15	478
2)	4 FA	THER'S NAME FIRST	A	HOOLE	LAST		15. MOTHER'S MAIDE	NNAME	MIDOLE		LAS	
A	0	Frank			Beri	sh	Anna		MIDDLE		(Unkc	own)
7		AS DECEASED EVER I			166 SOCIAL SECU	RITY NO.	17 INFORMANT		3356 ₩₩	SSM11	ls Sou	th
7	(4)	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR OATES)	159-16-	-6088	Tom Ber	ish	Laurel,	Md.	20707	7
ľ		18 CAUSE OF DEATH	(Enter onl	y one couse per	luctorial, bi, an	d (cl.)	1	0	1-		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
١		PART I. DEATH WA		BY: CAUSE (o)	Wolen	0- Ci	Manny	1	homach	-		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		R AS A CONSEQUE	NCE OF	A F	A . 1	1			
		Conditions, if any,	which	( 16)	AS A COUNTY	فرا	uelano	Lic	Usum	-7		
1		gave rise to imme	ediote	(0)								
1		underlying cause	last.	(c)	R AS A CONSEQUE	DALC	dic C	سىق	ug.			
		PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CONE	OITION GIV	'EN IN PART 1	a
	CERTIFICATION			,	malu	ului	line 1					
7	CA	190 DATE OF OPERATI	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		, WERE FINDING YING CAUSES	
4	E								YES NO	YE		NO 🗆
7	8	71a. ACCIOENT WAS UNDE		216. TIME O	FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OF	CCURRE	ENTER NATURE OF INJUR	Y IN ITEM 18 F	ART T OR PART 2)	
Н	A	OR CONTRIBUTING C		H HOOK A.		19						
1	MEDICAL	21d INJURY OCCURRE	D	21e PLACE	OF INJURY		21f LOCATION		CITY OR TO	VN	COUNTY	STATE
1	2	WHILE NOT WHILE	E	(AT HOME STR	REET, PACTORT, OFFICE, P	ARM EIC)						
		220.1 certify that (1) (	this haspit			Sell	, 19		, to Viv	- 13	19	that (I) (we) last
		saw the deceased above, (1) (we) (di		view the bady	19	21 > Var	nd that in (my) (aur) ap	inian de	ath accurred on the do	te and hav	r and fram the	causes stoted
		27b. SIGNATURE	-	THE BOOK	- www.	L	DEGREE				22c. DATE	SIGNED   27
						1	ATTENDII PHYSICI	NG T	MEDICAL STAF	F IAN []	11-	13 81
7		224 PHYSTCTAN'S NA	ME (TYPE OR	PRINT)	-		27e. ADDRESS	7	. 1 1	1	1	
		CIRO D.M	lond	MPT U	2 Or	305	Dodgo	PK	Kul la	who	, ever	4)

Fleck Funeral Home, Inc. Laurel, Md. 20707

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Hem 18 shaws TO FUNERAL DIRECTOR: After this certificate hos should be detached for use as the burial-transit pewith the State Dept. of Health and Mental Hygiene

1171121 : 50 9

the value of present of the fact of . and the later many!

	STATE OF M	ARYLAND	
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
	DTIPLEATE	OF BEATH	-

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07	1126	NOV -	9 8	EOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENEO /	<b>.</b>	6 0	4
				CEASED NAME EIRST	WIDDLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
	y be ge 3 leath	5	(TYPE	Pansy	Foust	BIE	RLY	November	2 198	7 1:	1:35 R
	pod ber d		3. SE	X	4_RACE	5 DATE C		6 AGE   IN YEARS LAST BIR	THDAY) IF U		INDER 24 HRS
	4 of		Fe	male	Caucasian	Dec.	18, 1894	92	YRS	THS DAYS HO	URS MIN.
	2 12	5),-	76 BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MADDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	10 No. 2	20	Pe	nnsylvania	U.S.A.	WIDOWE	DIVORCED	Prince	George':	S	MD.
	1/23	37		ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURS (IF NOT IN SUCH EACILITY, GIVE STREET</li> </ol>		OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O		126 KIND OF BU	ISINESS OR
201	led #	たら		Riverdale	Leland Memoria	al Hos	pital	Analyst	, working circy	U.S. G	ov't.
MARYLAND 21:	n 24 hou	35	13a. S Ma		other institution give residence before ITY 136. CITY OR TO BE George's Hya	WN		13e STREET ADDRESS / 6411 Adelp	ZIP CODE hi Road	d, 2078	2
RYL	Har Carl	111	14. FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		LAST	
MA	P P	(D)	Jo	hn	W. Fous		Kate	Louise		lobinsor	1
BALTIMORE,	x ecc.	dical		VAS DECEASED EVER IN U.S. AR/	WAR OR DATES			North Chiff			
I W	be exe	medi	No		579-22-	4431	Robert Bierl	y, Rockville	e, Md.		
BAL	ote ysicio	t, th		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	ly ane cause per line far (a), (b), o					APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
ST.,	a ph anp				E CAUSE (o) Acute	strok	9			One da	ay
NO	th ce nding corb	afic			DUE TO, OR AS A CONSEO	JENCE OF					
PRESTON	death affendi ave co	0.0		Conditions, if any, which	due to, or as a consequence ( Arter:	loscle	rotic cardiova	ascular dise	ease	Unknov	<u>vn</u>
W. P	y the	ther		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF					
	s tho	o io			(c)					10	
DIVISION OF VITAL RECORDS, 201	sign hen p	jury.	z	51.1	ONDITIONS CONTRIBUTING TO					IN PART TO	
SOR	v reen	2	₹	190 DATE OF OPERATION	etes mellitus I.	H OPERATIO	nal insufficie	ency. Anema	20b IF YES, W	ERE FINDINGS	
- RE	n. n. sos	2	CERTIFICATION					YES TO NOT	IN CERTIFYIN	G CAUSES OF I	DEATH?
ITA	T e co	de de		210 ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCUR			-3	
OF.V	SICIAN: T ng physici certificate prial-transi	E	1 -	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR					
NO	PHYSICIAN: ending physical this certifical the burial-trand	7	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION			C. D T	
VISI		morked	ž	WHILE NOT WHILE I	(AT HOME STREET FACTORY OFFICE	FARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
₫	or att	a E	l	220.1 certify that (1) (this hospit	tal) attended the deceased fram	28 0	ctober 19 74		nher 19.	87 , that	(I) (we) lost
	ATTEN aspital CTOR d for u	21 is		saw the deceased alive an	2 November 19	87 a	nd that in (my) (aur) apınıan	death accurred on the de	ate and hour an	d from the cous	es stated
	OR A le has DIREC	E E	1	226. SIGNATURE	view the budy diret death.		DEGREE			22c. DATE SIG	NED
	Al O the	=		Ul	Hours	V	ATTENDING PHYSICIAN D	MEDICAL STAI	FF IAN 🗍	2 Nov.,	1987
	HOSPITAL ined by 11 FUNERAL sold be det	Z	1	22d. PHYSICIAN'S NAME (TYPE O	PRINT)		22e ADDRESS				
	TO HOSPITAL retained by the TO FUNERAL Ishould be detailed by the Store	og /	433	Carl J.	Houmann, M. D.		4404 Queensh	oury Rd Ri	iverda1e	e. MD 20	737
	5 f f g	<u> </u>		BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION			67.00
	BP		I R	urial	11-05-87 C	eorge	Washington C	om Adulul	niP.G	Mary	land
	DHMH - 16 60/	W 7/B4	2 F	KANCIS GASCHS 39 Baltimore Av	SONS FUNER	AL HO	ME PA MO	E REC'D. BY REGISTRAR	256 REGISTRAF	S'S'SIGNATURE	

Acres Comment of the Comment of the

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

07	295	NON 8 c	25	FOR STATE BEGISTRAR			DEPART		ICATE OF D		GIENE 😸	REG. NO	ر الله الله	i)	E.o	0 1	2
			I DE	CEASED NAME	FIRST	917	WIDDLE		AST		2a. DATE O	FDEATH	MONTH	DAY	YEAR	2b HOU	R
	9 P	depth	11116	OR PRINT)	MARY	7			BLAKE				11	21	87	10	25Mar
			3. SEX	(	DIAL	4. RACE		5 DATE	OF BIRTH			YEARS LAST BIRT	HOAY)		RIYEAR	IF UNDER	24 HRS
	ge 4	ars afte		Female	196	Negi	ro	sep	tember	22 1	.891	96	YRS	MONTHS	DAYS	HOURS	MIN.
	Po dir	1 6 1 E	7a. BI	RTHPLACE (STATE OF	FOREIGN	76. CITIZEN OI	WHAT COUNTRY	? 8	n D NEVER	ADDIED	9. BALTIMO	ORE CITY O		TY OF DE	ATH	100	7 14
	eath	2 2	Wa.	ke Count	y NC	Unit	ed Stat	es WIDOW	D DIV	ORCED	DDTN	ICE G	EOB(	TES	COIII	VTV	MD.
1	er d	1 37	10 CI	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSI		OR OTHER INST	ITUTION	12a USUAL	OCCUPATION FOR MOST O	ON	12b.	KIND OF		
54	s off	P C	C.	LINTON M	D		HERN MA		D HOSE	דת אד.		tired		(IFE) JIND	No	ne	
10212	24 hour	and be for	USU	AL RESIDENCE (IF NUR		OTHER INSTITUTIO		RE ADMISSION)	13d. INSIDE CI		13e STREET		ZIP CO	DE	2	07	85-
LA	hin 3	1111	14. FA	THER'S NAME	1 1				15. MOTHER'S	Policial		1101	HET	DII	. v e		445
MAR	ted wit	VO	5	AMUE		WIDOLE	Roge		1 00	RY		WIDDLE	,	Rog	er	S	
IMORE	se execu	Poger		AS DECEASED EVER		MED FORCES? E WAR OR DATES)	UNAVALA		REY 2	getor	George INER	Prive	ve -	SONI	R N	Da	0785
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	certificate	bon poper removal. r. event, the		18 CAUSE OF DEA PART I. DEATH V	WAS CAUSE	E CAUSE (a)_	Inen	m	na.						APPROXIMET OF	MATE INTER	VAL
ESTON	deoth	thian, a		Conditions, if any		DUE TO, (	OR AS A CONSEOL	JENCE OF			4.00						
W. PR	by the	other m		gave rise to im cause (a), stati underlying caus		DUE TO,	OR AS A CONSEOU	JENCE OF									
DS, 20	quires †	hen ples to burio	NO	PART 2 OTHER SIG	NIFICANT O	CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	MINAL DISEAS	SE OR CONI	DITION G	IVEN IN I	PART Ita	1	
1 RECOR	he law re	9	CERTIFICATION	19a. DATE OF OPERA	ATION	19b. CON	DITION FOR WHIC	H OPERATIO	N WAS PERFOR	RMED	20a AUT	OPSY?	IN CERT	ES, WERE			H?
DF VITA	physics physics physics	to the state of th		210. ACCIDENT WAS UN	CAUSE OF DEA	TH HOUR			21c HOW IN.	JURY OCCUR	RED (ENTERN		1	Presid	PART 2}	-	
ž	ding in	# # /	MEDICAL	(IF EITHER NOTIFY MED			P.M. E OF INJURY	19	211 LOCATIO	N				-			
HVISH	25 1	hond hond	ME	WHILE NOT W	ORK		TREET, FACTORY, OFFICE	FARM, ETC.)	STREET			CITY OR TO	WN	co	UNIY	S	TATE
	7 - a	en l		22a.1 certify that (	(this haspi			-11	10	, 19	, to	11/	1	. 19_	7.1	hot (I) (v	ve) last
_	BTTO philp	381		saw the deceo abave, (1) (we)	sed alive on (did) (did no	11/2		7.0	nd that in (my)	(our) apinion	death occurr	ed on the do	ate and he	our and fi	rom the o	auses sta	ted
	S Po	Page 1		226 SIGNATURE					DEGREE					22	c. DATE	IGNED	
	4 T			15/	noc	-	mo			TTENDING HYSICIAN [	MEDICAL DIRECTOR	STAF			11/2	116	>
	HDSPII Dined by			220 PHYSICIAN'S N	_	LO STA	A~	5.87	22e ADDRESS	35 20	66	An		m	200	74	6
	51 5	513	23a E	URIAL, CREMATION	, REMOVAL	23b. DATE	230	NAME OF	EMETERY OR C	REMATORY	, 23d. LOC	ATION					
	BP		1	BUTIAL		Novem	nber 28198	7 HAR	MONY ME	MOTIA	1 am	etery,	LAND	over	MI	20	785
		16 60M 7/84	24 FU	INERAL DIRECTOR I	1 BA	CON FU		e		25a DA	TE REC'D. BY		7	STRAR'S			ia.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

3

- 1		REGISTRAR				CERTIF	ICATE OF D	EATH	R	EG. NO.			
87		CEASED NAME OR PRINT)	OLGA	N	Bla	ınkensh	ip		20 DATE OF DE		0AY YEAR 14-87	26 HOUR 9.47P M	
	3 SEX	f		race W		5. DATE C		YEAR	6. AGE (IN YEARS	YRS	MONTHS DAYS	IF UNDER 24 HRS	
/	Wá	RIHPLACE (STATEORF) PShington	DC	USP	+	WIDOWE		ORCED	PRINCE GEORGE				
4		TY OR TOWN OF DEA				URSING HOME C			Housev	UPATION PSECONDING	12b. KIND C	me	
5	13a. S	MO	136 COUNTY	-			YES [	NO 🗌		ress/zip cor rank T	ippett	0772 Rd	
0	14 FA	THER'S NAME FIRST	MID	DLE A	nders	on	15. MOTHER'S	Tima		DDIE	LAS	51	
		VAS DECEASED EVER	IN U.S. ARME (IF YES, GIVE W	D FORCES?	166 SOCIAL 579 (	SECURITY NO. 07 0380	B Fred	lerick	Blank	enship	Same	as #13	
		18. CAUSE OF DEATH W PART I. DEATH W  Conditions, if ony, gove rise to imm cause (al, stotim underlying couse	which mediate g the	DUE TO, OF	endlis RAS A CON	SEQUENCE OF	nany	ame	st.		APPROX BETWEEN	imaté interval Onset and Death	
9	CERTIFICATION	PART 2. OTHER SIGN BILATER 190. DATE OF OPERAT	TION	& Preu	mini		Ininam	4 from	200 AUTOPS	20b. IF YI IN CERI	ES, WERE FINDI	NGS USED OF DEATH?	
9	MEDICAL CERTI	210. ACCIDENT WAS UND OR CONTRIBUTING OF (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR	AUSE OF DEATH	21e PLACE C	M. MONTH	19	21c. HOW IN.		YES NO	7/7	PART LOR PART 2)	NO	
	W	WHILE NOT WH AT WORK  22a I certify that (I)  sow the decease obove, (I) (we) (d	(this haspital	) attended the	deceosed	19 87 , or	11-3 nd that in (my)		, ta deoth accurred or	11-4	19 <del>30</del> .	that (I) (we) lost couses stated	
1		N3 Ma	0100				F	TTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN X	11-S	-8)	
		NAR NAR	NOER		)HA2	IWAZ	Pi G- (		< M. C. (		g. MD		
	- (	BURIAL, CREMATION, (SPECIFY) Buria	1	7Nov1		Cedar I	Hill C	emete:	-1	tland		ylan'd'	
34	24 FU	UNERAL DIREC <b>RO</b> D  NAME  Sui	ert E tland		elm F yland	uneral	ноше	NOV	1 0 198		STRAR'S SIGNAT		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is morked or Item 18 The wony injury, ar other troumcale TO FUNERAL DIRECTOR: After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

Sagr n re Veld

STATE OF MARYLAND

Wildon Pardoca

1016 NOV-	8 87	FOR STATE REGISTRAR		Di	PARTMENT OF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE /	J 3	2	3 5
		CEASED NAME	FIRST	WIDDLE		AST	26. DATE OF DEATH	MONTH DAY	Y YEAR	2b. HOUR
may be page 3	1		lia	I.	B1	ey	November	2, 1987	7	5:20 A
4 may ar. pag sfter de	3. SE	X		4. RACE	5. DATE (		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS.
Page 4 ma I director, po hours affer		emale		Caucasian		ber 19,1887	100	YRS.	DATS	MIN.
Po Po Po	70. 8	IRTHPLACE (STATE OR FO	OREIGN	7b. CITIZEN OF WHAT COL	INTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	F DEATH	
death.		ew York		U.S.A.	WIDOWI	DIXX DIVORCED	Prince	George'	s	M
the f	4	t. Washingt		11. NAME OF HOSPITAL,  fir NOT IN SUCH FACILITY, Gr  Ft. Washingto	VE STREET ADDRESS)	or other institution	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewife		12b. KIND O INDUSTRY N/A	F BUSINESS OR
24 haurs	USU 13a.	AL RESIDENCE (IF NURSII STATE	IS COUN	OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2510 Kingst	wav Rd.	2074	4
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ATHER'S NAME				15. MOTHER'S MAIDEN N	AME			
mpletely d 2 s	1	Louis		Dschu	iden	Rosa	MIDDLE		Meyers	3
Pages		MAS DECEASED EVER I YES. NO OR UNKNOWN) NO		MED FORCES? 166 SOCIA	AL SECURITY NO.	Paul R. Bley	2510 Kingst Ft. Washin	SS	id.	
ng physicio banpapers r remaval.		PART I. DEATH WA	AS CAUSE	ly one couse per line far (a), D BY: E CAUSE (a) Cong		Heart Failu	ıre		BETWEEN C	MATE INTERVAL ONSET AND DEATH
equires that the death co isigned by the attending Then please remarkant, or to burial, cremation, or injury, ar ather traumatic	NC	gove rise to imm cause (o), stating underlying couse PART 2 OTHER SIGN	last.	DUE TO, OR AS A COM	usequence of inson D	otic Cardic isease, Div	verticulos	is		ş 1
law r us bee ermit. e print	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO 🗙	20h IF YES, V IN CERTIFYIN YES	WERE FINDIN	IGS USED OF DEATH? NO [
IG PHYSICIAN: The It offending physicion. Iter this certificate has a the burial-transit per nand Mental Hygiene rked or Item 18 shows		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC.	AUSE OF DEA	TH HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI	EY IN ITEM 18 PART	I OR PART 2)	
d de the	MEDICAL	21d. INJURY OCCURRI		21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC }	21f. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
2047		220.1 certify that (1) ( sow the decease above (1) (3%) (3%)	OXIXING SOIL	(61) attended the deceased Oct 26 1) view the body after death	from Dec.	19 81 19 81 d that in (my) XXX opinion	, to NOV 2 death accurred on the do	19 ate and hour a		that (I) <b>(K</b> e) last causes stated
the has the has at DIREC letached the Dept.		22b. SIGNATURE	In	$\sim$	•	DEGREE ATTENDING PHYSICIAN S	MEDICAL STAF	F IAN [	22c. DATE:	
TO HOSPITAL OR A retained by the has TO FUNERAL DIREC should be defacted with the Stote Dept.		Frank M.	Ry ai	n, M.D.		22e. ADDRESS	Head Highw			
BP	23a	BURIAL, CREMATION, R	emoval n	23b. DATE 11/2/87	Metropo	emetery or Crematory litan Cremato	٠,		Virgir	
OHMH - 16 50M 1/81 (VRA 15, 4)		uneral director eorge P. Ka	las :	Funeral Home	DIDRESS	Hill Rd. 250 DA		25b. REGISTRA	AR'S SIGNATI	JRE

DHMH - 16 60M 7/84

(VRA 15, 4)

	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENES /	REG. NO.	3 2 3	5
FIRST	MIDDLE	LA	ST	2a. DATE OF I		DAY YEAR 2	HOUR,
HARLE	S Glen	Boo	AN		11/1	4/87	10/p m
4. RAC	aucasian	5. DATE OF	ember 17,191		75 YRS.		FUNDER 24 HRS
	IZEN OF WHAT COUNTRY?	8			E CITY OR COUNT	OFDEATH	
/			NEVER MARRIED _	100	We EC.	MOIE	-
na	U.S.A. AME OF HOSPITAL, NURSIN	WIDOWEL		-	CCUPATION	JURGE	MD.
	NOT IN SUCH FACILITY, GIVE STREET		450 PENTER	(TYPE OF WORK	tre d ·	12b. KIND OF E INDUSTRY Restar	
	ISTITUTION, GIVE RESIDENCE BEFOR		10.0			(111	1 11 11
1312 COUNTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?		DDRESS / ZIP CODI		141
*	Wash., D	.C.	YES X NO		acArthur	Blvo NW/	2000/7
MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	MIDDLE	LAST	
				nknown			
U.S. ARMED FO	DRCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT		3 ^15th st	NT.1 4020	
(IF YES, GIVE WAR OF							
	577-05-4	800	<u> Margaret Bel</u>	ller Wa	shington,		0005
LEnter only one of AS CAUSED BY: MMEDIATE CAU	cause per line far (a), (b), an	no p	Pul. A.	nes		BETWEEN ONS	TE INTERVAL SET AND DEATH
	JE TO, OR AS A CONSEQU	ENCE OF	00-	e = [	100		
which ediate	(b) 100C	eN	ra xx	The second		_	
the DI	JE TO, OR AS A CONSEQU	ENCE OF					
last.	100						
FICANT CONDIT	TIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE SER	MINAL DISEASE	OR CONDITION GIV	/EN IN PART 110	
87 -	old m	,	C / X	and se	C. same		
ON 19	. CONDITION FOR WHICH	OPERATION	LWAS DEBEODMED	20g AUTOS	20h JE VE	S, WERE FINDING	CHEED
014	B. CONDITION FOR WHICH	OFERATION	W AS PERFORMED	200 A010		FYING CAUSES OF	
				YES 🗍	NO ON	s 🗀	NO 🗌
	b. TIME OF INJURY	.V VE.15	21c. HOW INJURY OCCU	RRED (ENTERNATI	JRE OF INJURY IN ITEM 18	PART I OR PART 2)	
OSE OF DEATH		AY YEAR					
L EXAMINER)	P.M.	19	211. LOCATION				
(A	e. PLACE OF INJURY T HOME, STREET, FACTORY, OFFICE, I	ARM, ETC )	STREET		CITY OR TOWN	COUNTY	STATE
€ 🔲					,	0	
this haspital) att	ended the deceased fram_	12	19 9	6 to 11	114	19 7 , the	at (I) (we) last
alive an	11/12/19	O and	d that in (my) (aur) apinia	n death accurred	an the date and has	. /	1
	the body after death.	0	EGPEE	1		224 DATE SIG	

71g. ACCIDENT WAS UNDERLYING 21b. Tl. HOU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PL 21d INJURY OCCURRED (AT HO

22a.1 certify that (1) (this haspital) attended saw the deceased alive an\_ abave, (1) (ye) (did) (did nat) view the

> ATTENDING PHYSICIAN

MEDICAL STAFF

22e. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

77h SIGNALUR

23b. DATE Nov20,1987

23c. NAME OF CEMETERY OR CREMATORY Lee's Crematory

23d LOCATION
CITY OF TOWN
Clinton

P.G.

Md.

24 FUNERAL DIRECTOR

FOR - STATE REGISTRAR . DECEASED NAME

ale

70. BIRTHPLACE (STATE OR FOREIGN North Carolina

Wash., D.C 4. FATHER'S NAME

Unknown

60 WAS DECEASED EVER IN U.S. ARMED FORCE

Canditians, if any, which gave rise to immediate cause (a), stating the

underlying cause last.

190 DATE OF OPERATION

18 CAUSE OF DEATH (Enter only one caus PART I. DEATH WAS CAUSED BY:

PART 2, OTHER SIGNIFICANT CONDITION

NOT WHILE

3. SEX

Clinton, Md. Lee Funeral Home, Inc.

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Devider

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1	3	3	2	3	7
	DEC NO					

NOV 25 1987

CEASED NAME							REC			
	ADA	K	- 44	HOP	Fousi	4	2a DATE OF DEAT		22 87	26 HOUR 705
X	4.	RACE		5. DATE O		YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS A
Female		White		4 MONIA	27	1900	87	YRS		HOURS
	FOREIGN 76	CITIZEN OF W	HAT COUNTRY?	8	NEVER MARRIED 9. BALTIMORE CITY OR COUNTY			TY OF DEATH		
	ama	USA			Λ		Prince	George	County	
TY OR TOWN OF DE	ATH 1				R OTHER INST	ITUTION	12a. USUAL OCCU	PATION	12b. KIND C	F BUSINESS
ltsville					Beltsvi	lle 20	705 homem	aker		a
STATE	13b. COUNT	HER INSTITUTION GI	VE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE C		13e. STREET ADDRE	ss	2010	5
	AAII	DDIE	TAST				ME	10	1	
	W.	DOLE		Z	CIVIS	Ada	MIDD	lt.		
			b. SOCIAL SECU	RITY NO.	17 INFORMA		AC	DRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	011
YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	213-54-6	162	Anthor	v G. B	ohbrfoush	Sr. sa	ame as #	11
IS CALLES OF DEA	TH (Februaries							02 . 00		MATE INTERVA
19a. DATE OF OPERA	ATION	19b. CONDITIO	ON FOR WHICH	OPERATION	N WAS PERFO	RMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDII	NGS USED
							YES NO	_		NQ [
OR CONTRIBUTING	CAUSE OF DEATH			Y YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	8 PART I OR PART 2)	
WHILE NOT W	HILE			ARM, ETC )	211. LOCATIO	N	CITY	OR TOWN	COUNTY	STATE
22a I certify that	(this hospitol	) attended the	leceased from	VI		, 19 85	to NOV.	22	. 19.87	that (I) e)
	and live on and did not	new the body of				(our) opinion	deoth occurred on th	ne date and ho	our and Iram the	couses stated
			1		DEGREE					
77E SIGNATURE	Mu	Selle	MIF	>	A	TTENDING 2	MEDICAL DIRECTOR PH	STAFF YSICIAN []	(1)2	SIGNED 22/81)
22d PHYSICIAN'S N		Sens E		>	22e ADDRES	3116 SILV	MEDICAL DIRECTION DATE PH	YSICIAN	SHIRE ND 200	AVE 404
	Alaba TY OR TOWN OF DE  Itsville AL RESIDENCE (IF NUE  TATE  ALABA  ALAB	RTHPLACE (STATE OR FOREIGN 76 COUNTRY)  Alabama  TY OR TOWN OF DEATH  ITSVILLE  AL RESIDENCE (IF NURSING HOME OR O)  STATE  OR TOWN OF DEATH  ITS 138 COUNT  OR TOWN  18 CAUSE OF DEATH (IF NET OR O)  PART 1. DEATH WAS CAUSED  IMMEDIATE  Conditions, if any, which gave rise to immediate couse (ol.) stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK ON TOWN IN THE ALL WORK  ALL WORK ON THE ALL WORK ON THE ALL WORK  ALL WO	RTHPLACE (STATE OR FOREIGN ALA DAMA USA  TY OR TOWN OF DEATH  ITY OR TOWN OR UNKNOWN)  ITY OR TOWN OR	RTHPLACE (STATE OR FOREIGN ALABAMA USA IVSA ITY OR TOWN OF DEATH IT NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET. 13b. COUNTY 13c. CITY OR TOWN OF DEATH 12d. COUNTY 13c. CITY OR TOWN OR OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13b. COUNTY 13c. CITY OR TOWN OR OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13b. COUNTY 13c. CITY OR TOWN OR OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN OR OR OF DEATH 12d. CITY OR TOWN OR	RIHPLACE (STATE OR FOREIGN ALABAMA USA NOR TOWN OF DEATH USA USA WIDOWE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  ALABAMA USA WIDOWE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NURSING HOME OR OTHER RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NOT SURSING HOME OR OTHER RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NOT SURSING HOME OR OTHER RESIDENCE BEFORE ADDRESS)  AL RESIDENCE (IF NOT SURSING HOME OR OTHER SITURY)  AND ALTOR OR OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  ALTOR OR OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH HOUR A.M. MONTH DAY YEAR P.M.  ALTOR OR OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OFFICE, FARM, EIC.)  ALTOR OR OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OFFICE, FARM, EIC.)  ALTOR OR OTHER SIGNIFICANT CONDITION OR OTHER SITE OFFICE, FARM, EIC.)  ALTOR OR OTHER SIGNIFICANT CONDITION OR OTHER CONTRIBUTION O	RIPHIACE (STATE OR FOREIGN ALB DAMPS OF OPERATION)  TOUNTRY)  Alabama  TY OR TOWN OF DEATH  IT NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION GIVE RESIDENCE SEFORE ADMISSION)  TATE  ALRESIDENCE (IF NURSING MOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  TATE  ALRESIDENCE (IF NURSING MOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  TATE  ALTER'S NAME  FIRST  W.  Prince George Beltsville VES.  AND OR UNKNOWN)  TO BE Prez  VAS DECEASED EVER IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)  TO BE CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c))  PART 1, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate couse lost.  DUE TO, OR AS A CONSEQUENCE OF  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED  TO DUE TO, OR AS A CONSEQUENCE OF  TO DUE TO, OR	The male  White  White	Female  RIHPLACE (STATE ORFOREIGN OUNTRY)  Alabama  USA  USA  WIDOWED  DNORCED  Prince  Prince  128. USUAL OCCU  (PROT IN SUCHFACEUTY, GWE STREET ADDRESS)  14243 POWDER MILL RD  STATE  139. COUNTRY  1318. STREET ADDRES  SAME AS  1318. MOTHER SMAIDEN NAME  1318. STREET ADDRES  1318. STREET ADDRES  1318. MOTHER SMAIDEN NAME  1318. STREET ADDRES  1318. MOTHER NAME AND ADDRES  1318. MOTHER NAME AND ADDRES  1318. MO	RIPELACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY)  Alabama USA  USA  USA  USA  USA  USA  USA  USA	Female White 4 27 1900 87 YRS.  7b. CHIZEN OF WHAT COUNTRY 8 MARRIED MARRIED MONORCE   Prince George Country  TO RTOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION (If NOT IN SUCH ACLITY, ONE SHEET ADDRESS)  12b. CHIZEN OF WHAT COUNTRY 9 MARRIED MONORCE   Prince George Country  TY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION (If NOT IN SUCH ACLITY, ONE SHEET ADDRESS)  12b. STREET ADDRESS MARRIED MONORCE IN PROJECT MORE ADMISSORY)  13c. CHIZ YOR TOWN  13d. INSIDE CHIZ LIMITS  13d. INSIDE CHIZ

Md 20705

4400 Powd Beltsville

. Borgwardt

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CEDTIFICATE OF DEATH

REGISTRAR	CERTIF	TICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Anni	e K B	ower	November	24,1981 64
3. SEX 4		OF BIRTH	6. AGE (IN YEARS LAST BIRTHOLY)	IF UNDER 1 YEAR IF UNDER 241 IRS
Female	White Jul		67 YR	MONTHS DAYS HOURS MIN
a. BIRTHPLACE (STATE OR FOREIGN 78	b. CITIZEN OF WHAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
Virginia /	U S A WIDOW		HRINCE GENRA	es Ganty A
	1. NAME OF HOSPITAL, NURSING HOME		120 USUAL OCCUPATION	12b. KIND OF BUSINESS C
Laurel	(IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS)	wille Hental	(TYPE OF WORK FOR MOST OF WORKIN	
JSUAL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Still C 104 Milli	l hpusewife.	home
Virginia Allegi	heny Covington	13d. INSIDE CITY LÍMITS? YES □ NOX(X)	Rt 224426	ODE GGGGG
W FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	
Arthur Brookm	an LAST	Effice.	wolf MIDDLE	LAST
60 WAS DECEASED EVER IN U.S. ARM		17. INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES) 224 24 6155	Gary Bowen 1	5908 Joyce Lane	Laurel, Md
18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PART I. DEATH WAS CAUSED IMMEDIATE	BY:	, lucury	Arrest	72 100
	DUE TO, OR AS A CONSEQUENCE OF	7		
Conditions, if any, which		onia> 8	efsi's.	
gove rise to immediate cause (a), stoting the				
underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	- of lung	, ,	
PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION	GIVEN IN PART 110
DM.	CHF. MI	×2.		
19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
E			YES NOW	YES NO
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH	P.M. 19			
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e. PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	JIRE!		
22a.1 certify that (1) (this hospita	al) attended the deceased from	22- 1987	. to 11 - 2 Y	
sow the deceosed alive an _	10-2-4-19-87.0	nd that in (my) (aur) opinion	death occurred on the date and	haur and from the causes stated
77L SIGNATURE	Year the body timer death.	DEGREE	4	22c. DATE SIGNED
T V	22 V	ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	11-24-
224 PHYSICIANS NAME (TYPE OF	PRINT)	22e. ADDRESS	V	
A BOUNAL	- KiAR	142618	aurel lark	Drive daviel
	23b. DATE 23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	110
Bitrial		Star cemetery	Covington, V.	irgenia STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR
Donaldson Kuneral. Home, Lawre, Md

256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DEC 0 1 1987 August Dentem Rudales

SERVICE AND SEED

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE **CERTIFICATE OF DEATH** REGISTRAR

REG. NO.			
a DATE OF DEATH MONTH	H DAY	YEAR	2b HOUR
10	0-21-8	_	8: :00
AGE (IN YEARS LAST BIRTHDAY)	IF UND	ERIYEAR	IF UNDER 24 HI

	(TYPE OR PRINT)		tanley	BOWM	IAN	an orthogram	21-87	8 .00A
3	Male	4 RACE Black	7	Dec.	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  54 YRS	IF UNDER I YEAR	IF UNDER 24 HRS
	6. BIRTHPLACE (STATE OR FOR COUNTRY)  Kentucky	U.S.A.		WIDOWE		PRINCE GEORGE	'S COUNT	WD
1	CHEVERLY	PRINCE	GEORGES STA		TAL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L  Statistician	IZE KIND C INDUSTRY Census	S Bureau
1	Maryland	Pr.Geo's	GIVE RESIDENCE BEFORE ALL 13 JCITY OR TOWN Upper Mar I boro		13d. INSIDE CITY LIMITS? YES 💢 NO 🗌	13e STREET ADDRESS / ZIP COD 16105 Village D		est/2077
	4. FATHER'S NAME FIRST UN	KNOWN	LAST		15. MOTHER'S MAIDEN NA/ FIRST	UNKNOWN	1.85	
1	60 WAS DECEASED EVER I (YES, NO OR UNKNOWN) Yes	N U.S. ARMED FORCES? (IF YES. GIVE WAR OR DATES) 1952–1954	405-44-1		Agnes A. Bown	16105 Viilage nan-Upper Marlbo	e Dr.,We	est, 20772
	W W. M W. M W	(Enter only one couse per AS CAUSED BY IMMEDIATE CAUSE (o)			IRE		APPROXIBETWEEN	ONSET AND DEATH
l	Conditions, if ony,	which (b)	R AS A CONSEQUEN		GASTRIC	CARCINOMA	?	
	couse (o), stoting underlying couse	the DUETO, O	RAS A CONSEQUEN		ReinonA		?	
		bult Respira	hory Dr.	stres	Syndrome	inal disease or condition gi		
1	190 DATE OF OPERAT		STLLC		N WAS PERFORMED	IN CERT	S, WERE FINDIN IFYING CAUSES ES [7]	

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIFEITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

COUNTY STATE

NOT WHILE 22a.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive on

September

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

20.0 22e ADDRESS

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF 22c. DATE SIGNED

PATRICK P. SCHIMPF

23a BURIAL, CREMATION, REMOVAL Burial

10/26/87

(AT HOME STREET FACTORY, OFFICE FARM ETC.)

Cheltenham Veterans Cem. Cheltenham (Pr. Geo's)

CITY OF TOWN

DHMH - 16 60M 7/B4 (VRA 15, 4)

O FUNERAL DIRECTOR: A hauld be detached for use with the State Dept. of Heal

s the buriol-transit permit. Then p

morked or Hem

IMPORTANT: If hem 21

DIVISION OF VII

Richard A. Coleman Funeral Home

Upper Marlboro, Md. 20772

de la section de la company de

7887 0 / VIII

074	987 DE	115	FOR			DEPARTMEN		AARYLAND I AND MENTAL I	HYGIENE /	3	24	1
	0 0 1 01		REGISTRAR		ME		AMINER'S	CERTIFICATE	OF DEATH	REG. NO.	7-15	
	25 S. S. F.;	I. DE	CEASED NAMI E OR PRINT)	Rober	+	WIDDLE	Br	ice	2a. DATE OF DEATH	KNOWN MONT ESTI- MATED []	H DAY YEAR 2- 271987	2b HOUR
	IS NECESSARY, PLEASE FUNKRAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS WESTON STREET,	3. SEX	ale	4. RACE BLACK	S. DATE OF BIRTH		GE (IN YEARS IF UI	DER 1 YR. IF UNDER	R 24 HRS. 2c. DATE MIN. PRONOUN DEAD	CED //-1	7 S	20 HOUR
	JESSAR JERALD OR YO JITHIN 7	70° BJ	RTHPLACE (S	TATE OR	76 CITIZEN OF W	HAT COUNTRY?	MARR	IED NEVER MARI	RIED 9. BALTIM	ORE CITY OR COU	NTY OF DEATH	M
		1	MARYL TY OR TOWN		11. NAME OF HO	S.A. SPITAL, NURSING	G HOME, OR OTH	IER INSTITUTION	12a. USUAL OCCUP	P.G. PATION (TYPE OF WORL	OR INDUST	RY
_	3 TO THE RIN PAGE DO BE FILED	USUA		(IF IN NURSING HOME	OR OTHER INISTITUTION	GIVE RESIDENCE SEFOR	E ADMISSION)		LABORE	K	SEL	F
. 2120	2. AND 3 TO 3. RETAIN P SCHOULD BE ALRECO		M.D.	13b. COUI	P.G.	UPPER	MARLBORG	1130		ERLESS AV	E 007	172
RE, MD.	TING ST	114. F/	CHARLE	S	L.	BRICE		15. MOTHER'S MAID MANDA	DEN NAME	DDLE	BUTLER	
ALTIMO	S AFTER DE GIVE PAGE GIVE PAGE TITH EQRA PAGESTAN VISION OF	16a. V (Y	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	165. SOCIAL S 578-36	5-6484	17. INFORMANT KATIE SE	LIMAN 1550	ADDRESS O PEERLES R MARLBOR	S AVE.	
ST., B	2 3 2		18 CAUSE O	F DEATH (Enter a	nly ane cause per A	e for (a), (b), and	(c).)	shovese	ular dese		APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
01 W. PRESTON ST., BALTIMORE,	UTED WITHIN 24 HOUND IN PENCIL, IN ITEM 18 EXAMINER ALONG 18 LAL - TRANSIT PERMIT ON, OR REMOVAL		gave ri	ns, if any, which se to immediate stating the under	(b)	r as a conseq r as a conseq	UENCE OF					
DIVISION OF VITAL RECORDS, 201	CERTIFICATE SHOULD BE EXECUTED TING THE WORD "PENDING" IN PROPED TO THE CHIEF MEDICAL EXAMORED SE SHOULD BE USED AS A BUSIAL-DEPARTMENT OF HEALTH AND MEINT PROPET OF BURIAL, CREMATION, OF THE SHOULD	NO	PART 2 DIHER SI	.4	contributing to Death		THE TERMINAL DISEAS	E OR CONDITION GIVEN IN P	ART I (a),			
ITAL RE	WORD "FEL WORD" FEL WE CHIEF M O BE USED A ENT OF HEA	MEDICAL CERTIFICATION	190. DATE OF	OPERATION			H OPERATION V	AS PERFORMED?		- 40	20 AUTOPSY YES [	NO P
NOFV	THE WOOD THE	ALCER	UNDERLYING	CAUSE WAS OR OG CAUSE OF		M. MONTH DAY	YEAR	OW INJURY OCCURR	ED (ENTER NATURE OF IN)	JRY IN ITEM 18 PART 1 OR	PART 2)	
DIVISIO	S & & Q E S	MEDIC	214 INTURY		21e PLACE		HOME, 21f. LC	CATION	CITY OR TOV	VN (	COUNTY	STATE
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWATO FOR PATER DEATH, WITH THE STATEMORE, MARYLAND, 21		22a. I certi death result	fy that I taak char	ge of the remain ural causes	Scribed abave, h	eld an Autar , Suicide	Hamicide .	Undetermined ma			
	MEDICAL E ECUTE THE C GE 4 SHOUR FUNERAL TER DEATH, THE MORE, M		EXAMINER'S	NAME Aug	usto P. R	corriguez	, M.D.	Deputy  Address 5009 I	MEDICALEXAM Rayburn Ct		Hills, N	,
07/84		23a. B	URIAL CREMA PECIFY) BURIA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23b DATE 12-1-87		OF CEMETERY C		23d. LOCATION CITY OR TOWN LANDOVE		M.D.	TATE
25M	DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIREC	TOD	D.C. 2001	HUNT P	HSAW	DEC	0 7 1987	R 256 REGISTRAR'S	SSIGNATURE	
				/CT		S FUNERA				1		

BY ADV THE VENT

Manufactured Try - 10% LIV 1201 - Manufactured to the 20010

FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 1

ı	REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO		
27	DECEASED NAME FIRST Leon	a Ann I	Brill		Novembe	r 23, 1987	7:30PM
1	s.sex Female	White	5. DATE OF BI	2 <sup>2</sup> 2 1902	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER I YEAR MONTHS DAYS	
	70. BIRTHPLACE (STATE OR EOREIGN VIrginia	76. CITIZEN OF WHAT COUNTRY? USA	WIDOWED	XIEVER MARRIED DIVORCED	9 BALTIMORE CITY <u>OF</u> Princ	county of DEATH	MD.
	Adelphi	11. NAME OF HOSPITAL, NURSIN (IF NOT INSWCH FACILITY, GIVE STREET A Red U.a.	K Driv		12a USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWI	DN 12b. KIND WORKING LIFE) INDUSTR'	OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OR 136. STATE Md.	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE  131 A C 17 OF TOWN	1 13d. YE	s 🗂 NO 🗌	13e STREET ADDRESS / 1917 Red		183
	Wilhelm	King ree		MOTHER'S MAIDEN NAM Kath errine	MIDDLE	UNK	AST
ľ	(16 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECUL (E WAR OR DATES) 218 54 89			5 Lyttomoso .Brill,Jr	(Son)	O. S. M. G.
7		(b) MybCase  DUE TO, OR AS A CONSEQUE  (c) CASCAU  CONDITIONS CONTRIBUTING TO D  WWW.M  196 CONDITION FOR WHICH	NCE OF ALL		INAL DISEASE OR COND	TION GIVEN IN PART I	
	RTIFIC				YES NO	IN CERTIFYING CAUSE YES	S OF DEATH?
	OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOTIFY HED  AT WORK  220. I certify that (I) (this hospi saw the deceased alive on above, (I) wool (dub) (did no  226. SIGNATURE)  226. PHYSICIAN'S NAME (TYPE O  Dr. Vivek	P.M.  21e. PLACE OF INJURY (IAT HOME, STREET, EACTORY, OFFICE, EACTORY), OFFICE, EACTORY, O	Y YEAR 19 21f ARM, ETC ) 21f DEG	LOCATION STREET  19 of in (my) (our) opinion of the control of the	city or tow  to	te and hour and from the	24/87
	230 BURIAL, CREMATION, REMOVAL BUFIAL		t.Linc	TERY OR CREMATORY  01n	23d LOCATION Brentwo	ood PG 1	laryland
1	Hines/Rinaldi	11800 New Ham	p.Ave.	S.S. 250. DATE	E REC'D. BY REGISTRAR	Sh. REGISTRAR'S SIGNA	ATURE

Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

ALL STANDARD TO VOM THE STANDARD TO VOM

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the

4 may be

### STATE OF MARYLAND

DEDADTMENT OF HEALTH AND MENTAL HYCIENE

b	7 STATE REGISTRAR			CERTIFI	CATE OF DEATH	REG. I	NO.		
	DECEASED NAME FIRST	M	NIDDLE	LA	AST	2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	HOWAL	CS	$\omega$ .	BRO	ADUS SI	6.	11-10	-87	9:50 4
3.	SEX	4 RACE		5. DATE O	FBIRTH	6. AGE (IN YEARS LAST B			IF UNDER 24 HRS
	MALE	BLAG	ck	MONTH	1. 7. 1950	77	YRS.	HSI DAYS	HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY		DEATH	
	WASH. D.C.	US	A.	WIDOWE		Prince	Georges	Covi	why MD.
10	CITY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INSTITUTION	12a. USUAL OCCUPA	TION 1	26. KIND OF	BUSINESSOR
	CLINTON	Southe		RYLAN	OD MOSDITAL	MAINTENAN		MAINT	ENANCE
13	SUAL RESIDENCE (IF NURSING HOME O 30. STATE 13b. CQU	OTHER INSTITUTION O	13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
	140. P.C	-Co.	OXONI	412	YES NO	1705 0	PLAIS	ct.	20745
14.	FATHER'S NAME	MIDDLE	LAST	-24	15. MOTHER'S MAIDEN N	AMÉ	•	a LAST	
1	BEVERLY	B	ROADU.	5	ELLA		5/	AU	/
160		MED FORCES?	166. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADD	RESS		4. 11.5
L	XES WI	VIL	518-14	3334	GLORIA	J. SKINN	IER LSI	AME 1	15#13
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		line for al, (b), an	dici.i .		2		APPROXIM. BETWEEN ON	ATÉ INTERVAL NSET AND DEATH
ı		TE CAUSE (0)	Lemps	rale	n ar	297			
ı	433	DUE TO, OR	AS ACONSEQUE	ENCE OF A .	1 2/2	1-7:0			
ı	Conditions, if any, which	(d)	cong	ente	ue dear	I full	18		
ш	gove rise to immediate cause (a), stating the	DUE TO, OR	AS A LONSEQUI		0				
		DOL TO, OK	42 WEALINGER	ENCEOF	1/2 17				
ı	underlying cause last.	(c)	Wish	we p	Kenal Jack	ne			
2	underlying couse lost.  PART 2. OTHER SIGNIFICANT	(c)	won	ue p	Leval Jack	MINAL DISEASE OR COI	NDITION GIVEN IN	N PART 110	
MOIT	underlying couse lost.  PART 2. OTHER SIGNIFICANT	(c) CONDITIONS <u>CO</u>	INTRIBUTING TO	DEATH BUT N					
EICATION	underlying couse lost.  PART 2. OTHER SIGNIFICANT	(c) CONDITIONS <u>CO</u>	INTRIBUTING TO	DEATH BUT N	LONAL FALL NOT RELATED TO THE TER	20a AUTOPSY?	20b. IF YES, WE	RE FINDING	F DEATH?
EDTIEICATION	underlying couse lost.  PART 2. OTHER SIGNIFICANT	(c)	ION FOR WHICH	DEATH BUT N	N WAS PERFORMED	200 AUTOPSY?  YES \( \text{NO} \text{NO} \text{X}	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES O	GS USED OF DEATH? NO
M CEPTIFICATION	PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	(c) CONDITIONS CO	ION FOR WHICH	DEATH BUT N		200 AUTOPSY?  YES \( \text{NO} \text{NO} \text{X}	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES O	F DEATH?
	PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	19b. CONDITIONS CO	TION FOR WHICH	DEATH BUT N	N WAS PERFORMED	200 AUTOPSY?  YES \( \text{NO} \text{NO} \text{X}	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES O	F DEATH?
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	PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 22c. Certify that (1) (this hasp sow the deceased alive or	19b. CONDITIONS CO 19b. CONDITIO	TION FOR WHICH  TINJURY  A. MONTH D.  A.  OF INJURY  Get, FACTORY, OFFICE, F	DEATH BUT N OPERATION AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCU 21l LOCATION STREET	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJ	20b. IF YES, WE IN CERTIFYING YES  URY IN ITEM 18 PART 1 C	RE FINDING S CAUSES O OR PART 2) COUNTY	STATE
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REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REG. NO MONTH 2b HOUR 87 4.45am IF UNDER I YEAR IF UNDER 24 HRS YRS 12b. KIND OF BUSINESS OR INDUSTRY Carpenters Union 20646 MIDDLE Be] Kav 2040 N. Vermont St. Arlington, VA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1. DECEASED NAME FIRST MIDDLE 2a. DATE OF DEATH (TYPE OR PRINT) Dudley DAVID BROCKETT 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Male Caucasian Feb. 19. 1899 TO. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Haven Conn. U.S.A. PRINCE GEORGES COUNTY WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) MARYLAND CLINTON MD Local 132 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland Charles 13e.STREET ADDRESS / ZIP CODE "Tappata" 13d INSIDE CITY LIMITS? Hickory Lane # 313 NO X 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE Walter Brockett Minnie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) 942 - 1943Justine B. Owens 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OBAS A CONSEQUENCE O Canditians, if any, which gave rise to immediate couse (a), stoting underlying cause O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 19a. DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (aur) apinian death occurred an the date and havr and fram the causes stated abave, (1) (we) (did) (did nat) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4) 6633

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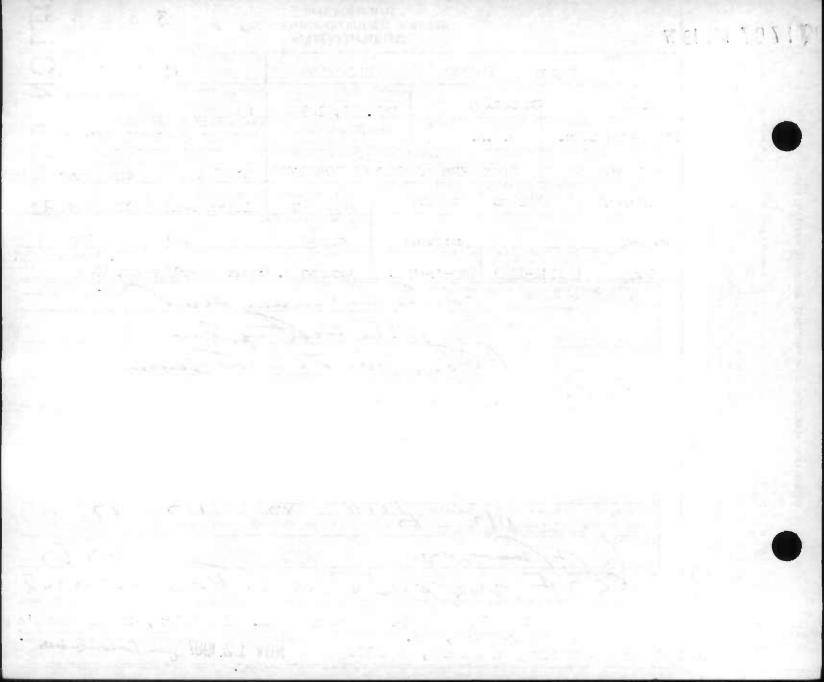
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24 FUNERAL DIRECTOR Lee Funeral Home, Inc. Old Alexander Ferry Rd Clinton, Md 20735

11/10/87

Cheltenham, Prince George's M Maryland Veterans Cem. NOV 12 1987 Julia Dandon Kinda



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO PECEASED NAME 2a. DATE KNOWN OF DEATH MATED WITHIN 72 HOURS RESTON STREET, FUNERAL DIRECTOR. 5 FOR YOUR FILES. 6. AGE (IN YEARS VIF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE DEAD MARRIED NEVER MARRIED North Carolina U.S.A. Prince George's DIVORCED O CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Suitland | Housewife N/A 30. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's Suitland Maryland 3411 Andover Place YEST 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Emma Isaac Thomas Apple Milton Helen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION Virginia C. Martin Suitland, Md. (YES, NO, OR UNKNOWN) 240-22-4014 18 CAUSE OF DEATH (Enter only one cause portine fag (a), (b), and (c).) HEF MEDICAL EXAMINER ALLOWING ALLOWING A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, DE MEMONAL. PART I DEATH WAS CAUSED BY a selevote Cardid Vasu Canditions, if any, which gave rise to immediate cause (a) stating the under-OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3/5HOULD BE USINTH THE STATE DEPARTMENT OF BAILTIMORE, MARYLAND, 21201/PRIQR TO BURIA 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC. 1 WHILE AT WORK CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remained escribed above, held an Autopsy Inspection and in my apinion death resulted fram: Natural causes Accident Hamicide MEDICAL EXAMINER

07/B4 **DHMH - 17** (VR A15 ME (5)) 230. BURIAL, CREMATION, REMOVAL 23b, DATE 11/14/87 Burial

EXAMINER'S NAME

(TYPE OR PRINT)

234, NAME OF CEMETERY OR CREMATORY Blue Ridge Mem. Gardens Roanoke

5009 Rayburn Ct , Temple Hills, MD 23d LOCATION Roanoke

24. FUNERAL DIRECTOR 6160 Oxon Hill Rd. 250. DATE REC'D. BY

Augusto P. Rolliguez, M.D. ADDRESS

George P. Kalas Funeral Home Oxon Hill, Md.

11 - 17

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH -REGISTRAR 20. DATE KNOWN TO CEASED NAME (TYPE OR PRINT) OF DONALD M. BROWN 1987 11/19 5:40P DEATH MATED 72 HOURS IN STREET, 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED 12 31 1926 60 YRS Male Black 1987 To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY South Carolina U.S. KNKKKKWXXXK D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Automotive Spec. Forestville Ford Co. ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. IHSIDE CITY LIMITS? 13e STREET ADDRESS 2613 Newglen Avenue 20747 Maryland PG Forestville YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Robinson Nina James Brown 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 10/53 to 10/55 248-38-1454 Amos L. Brown 1244 Florida Ave., N.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per language (a), (b), and (c). PART I DEATH WAS CAUSED BY Carder vascular IMMEDIATE CAUSE (o THE WORD "PENDING" IN PENCIL IN ITEM OTHE CHIEF MEDICAL EXAMINER ALON OUD BE USED AS A BURIAL - IRANSIT PER TYMENT OF HEALTH AND MENTAL HYGIER R TO BURIAL, CREMATION, OR REMOVAL DUE TO DIES A CONSEQUENCE O Canditians, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOW EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFITRE DEATH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIOR TO BURRY YES NO L 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY JATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN STATE COUNTY WHILE AT WORK Inspection 4 220 I certify that I took charge of the remains described above, held on Autopsy Notural causes X death resulted from: Accident Suicide Hamicide . Undetermined manner DATE 11/20/87 5009 Rayburn Court EXAMINER'S NAME Augusto P. Rodrigue Camp Springs, MD 230, BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 11 - 25 - 87Cheltenhem Maryland Cem. Cheltenhem PG MD

24. FUNERAL DIRECTOR

Robert G. Mason 1661 Good Hope Road, SE

**DHMH - 17** 

(VR A15 ME (5))

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FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ERA	Stot	-/		22d PHYSICIAN'S	NAME LIVE O	R PRINTI			122e ADDRESS	SICIAN (C)	DIRECTOR PHYSIC	IAN []		
FUN	with the State			Mark H	I. Pi	llor, M	4.D.		6188 Ox	on H	ill #200	Oxon	Hill	, Md
74	3 ₹.		23a. B	URIAL, CREMATION	N, REMOVAL	23b. DATE	2	3c NAME OF C	EMETERY OR CREM	AATORY	23d. LOCATION		COUNTY	STATE
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retained by the hospital or

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLMORE, MARYLAND 21201

BP. DHMH - 16 50M 4/83

(VRA 15, 4)



## STATE OF MARYLAND

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	be eath		CEASED NAME FIRS		G.	B	RUCK	20 DATE OF DEATH	MONTH DAY	87	The HOUR 5
	ge 4 may	3. SE	x Female	4 RACE Black		July	18,1907 YEAR	6 AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS HOURS MIN.
	death. Pa		RTHPLACE ISLATE OR FOREIG COUNTRY) South Caroli	.na US		WIDOWE		Prince	Georges		MD.
102	by the fulled with	C	ity or town of death neverly	Prince	CHEACHITY, GIVE STREET Georges G	address) enera	ROTHER INSTITUTION  1 Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST O		INDUSTRY	BUSINESS OR Employe
AND 213	24 ноч	13a. :	MD.	OME OR OTHER INSTITUTION COUNTY  PG	136. CITY OR TOW Hyattsvi	N	13d. INSIDE CITY LIMITS? YES 🗽 NO 🗌	13e STREET ADDRESS / 2003 Chapma		d 207	'83
MARYL	ed within	14. F/	ATHER'S NAME FIRST George Ga	MIDDLE ardner	LAST	Ų.	15 MOTHER'S MAIDEN NA FIRST Geor	geanna John	son	LAST	
BALTIMORE, MARYLAND 2120	n and ca Pages 1		VAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (1F Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	578-20-	9829	Marie Goff;	ADDRE	rt Lane	e #309,	SS, Md.
4	ertificate		18. CAUSE OF DEATH (En PART I. DEATH WAS C IMM	ter only one couse per AUSED BY: EDIATE CAUSE (o)	RENGE F	MLUM	nal Failure,	Acute and C	hronic	BETWEEN ON	ATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	that the death of by the mental case remains of cremators or contractions.		Conditions, if any, whis gove rise to immedia cause (a), stating the underlying cause la	te be DUE TO, O	OR AS A CONSEQUE	20/11	Hyper Hyper	tension			
ORDS, 20	requires signe sign to buri	TION	PART 2. OTHER SIGNIFIC.  1010 PART  194 DATE OF OPERATION	IC PHYTER TO	rophic s	UBAO	NOT RELATED TO THE TERM  PTC STENDED  N WAS PERFORMED			WERE FINDING	De Hesp
TAL REC	The law rician. The has bee is permit. Sit permit.	CERTIFICATION			Ji c	OPERATIO		YES NO X	IN CERTIFYII	NG CAUSES O	
N OF VII	SICIAN: The ng physicia certificate burial-transit tental Hygie them. It should be a shoul	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX-	OF DEATH HOUR A	.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM IS PART	I ( OR PART 2)	5
DIVISIO	ING PHYSIC attending wifer this call as the burieth and Men arked ar the arched ar the arked ar the arked ar the arched ar the arc	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	ZII LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	TTENDO		220.1 certify that (II) this saw in closes a deal above. If (we did a	haspital) attended the ve an did not) view they body	19 /	£7.	nd that in (my) pour) opinion	death occurred on the do	ote and hour c	the co	ouses stated
U	TAL OR A yy the hasp RAL DIREC detached itote Dept. VT: If Item		17h SIGNYUNG	0		M		MEDICAL STAP	F IAN 🗌	27c. DATE SI	2/87
	TO HOSPITAL TO FUNERAL should be det with the Stote		PRASSURL	MD 75000	GREBULA	1 -1		NOFLT M	8 20	770	
	BP		BURIAL, CREMATION, REMO (SPECIFY)  Burial	23b. DATE 11-6-			EMETERY OR CREMATORY  Memorial Cem.	236 LOCATION CITY OR TOWN Suit	land	COUNTY	Md.
	DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR Mars				250. DA	V 06 1987		AR'S SIGNATUI	

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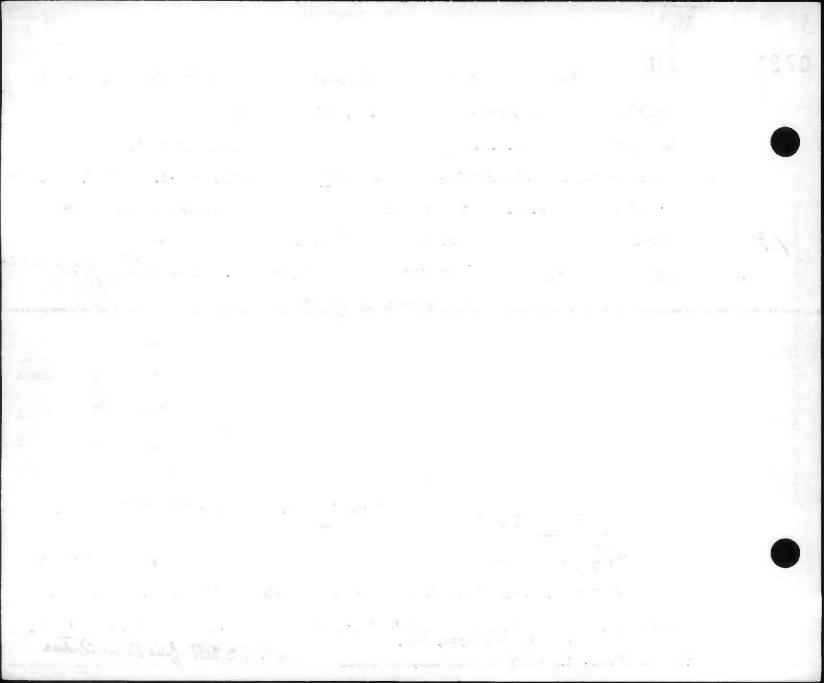
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH MONTH YEAR 2h HOUR TODEL ASED NAME FIRST 1987 ALICE WATERS NOVEMBER Brumage 5 DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HR 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) MONTH **Female** Caucasian Feb. 7, 1913 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | COUNTRY 010 New York U.S.A. WIDOWED X Prince George's DIVORCED | 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Malcolm Grow Hospital AAFB Camp Springs Claims Admin Calif. Cas. Ins USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 1136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Temple Hills P. G. 5827 Fisher Rd #12 Maryland NO X 20748 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE LAST FIRST Lillian Kent. Hunter Unk Ft. Washington, MD 20744 Circle 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? N/A (IF YES, GIVE WAR OR DATES) 150-30-6619 N/A Brain Waters APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED Ony 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES X NO NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION b CITY OR TOWN COUNTY STATE STREET AT HOME STREET FACTORY OFFICE FARM ETC ) morked NOT WHILE MOATMBER MOVEMBER 220.1 certify that #4 (this haspital) attended the deceased from. 87 sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (# (we) (did) (and not) view the body after death 776 SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF -22 NOV 87 M.D DIRECTOR PHYSICIAN PHYSICIAN IMPORTANT 224 PHYSICIAIS NAME TYPE OF PRINT 22e ADDRESS JEFFERSON H. HARMAN JR. MALCOIM GROW M.D. MED CEN AAFB MD 20331-5300 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) CITY OR TOWN Cremation 11/23/87 Lee's Crematory inton Prince George's Md 24 FUNERAL DIRECTOR Lee Funeral Julia Deritor DHMH - 16 60M 7/84



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3	87-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYG	IENE 6 /	. J	2 3 0
7		CEASED NAME CECELI	MIDDLE K	Bi	Nan		F7	S M
	3 SEX		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
		Female	Caucasian	Augus		84	YRS.	
7	_ (	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEAT	H
2		onnecticut	U.S.A.	WIDOWE		TRINES G	CORGES	COUNT YMD.
	CL.	INTON	SOUTHERN MN-	HOSP.	7)	(TYPE OF WORK FOR MOST OF Housewife		
)	130. S Mar		ce George Upp	RTOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 9822 Gree	ZIP CODE n Apple Tu	20772 urn
1	14 FA	Waclaw	J. Kosic	ki	Bronislawa		Mich	nalski
		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G	NE WAR OR DATES!	1 SECURITY NO. 8-0672	17. INFORMANT Cecelia A. B	9822 Gr ryan Upper	een Apple Mariboro,	Turn Md.
2	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  196 CONDITION FOR V	ISEQUENCE OF	TUTA VALOUV	NAL DISEASE OR CONP COAFU 200 AUTOPS R	DITION GIVEN IN PAR TO TO THE PROPERTY OF THE PARTY OF TH	NDINGS USED
1	CERTIFI	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCCURR	YES NOS	YES 🗌	NO 🗌
7	CAL	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR				
	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (	OFFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TOW	VN COUNT	Y STATE
		22a.l certify that (I) this hope sow the dispersion of the above, (I) I	view the body after death	_19 <b>X</b> , or	od that in (my) popinion of	eath occurred an the do	te and hour and from	, that (I) salast
,		THE PHYSICIAN'S NAME (THE	7		ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF		ATE SIGNED
	22 2	Frank	. RyAN M	>	9401 Irdian	Henry HIST.	FT. WAIL	Ma 2044
	73a B	BURIAL, CREMATION, REMOVAL	11/10/87	Resurred	emetery or crematory ction Cemetery		P.G.	Maryland
		UNERAL DIRECTOR NAME Porge P. Kalas	ADI	6160 Oxor Oxon Hi	1 Hill Rd 250 DATE NOV		ulia Dendier	NATURE

Oxon Hill, Md.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRA	.R		T OF HEALTH AND MENTAL HYGI ERTIFICATE OF DEATH	REG. NO.	3 6 3 1
O C MOU OF LOFCEASED	A EIDST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Dog WIN 25 81 E OR PRINTS	Me	llie	BURKE	<i>il  </i>	19/87 520
0 0 0 3 SEX	4. RACE	5.	DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
tes the	nall W	hite.	MONTH DAY YEAR 4	83 YRS	MONTHS DAYS MOURS MIN.
70. BIRTHPLACE	(STATE ORFOREIGN 76. CITIZEN C	F WHAT COUNTRY? 8		9 BALTIMORE CITY OR COUN	TY OF DEATH
country)	105HJ) C. US	/1	MARRIED LI MEVER MARRIED LI	PRINCE GA	EORGES CO. MD
10. CITY OR TOW		F HOSPITAL, NURSING H	OME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
S. Diff. College.	60	UCH FACILITY, GIVE STREET ADDR	Manorcare	Clerical Clerical	J S Gov't
USUAL RESIDEN	CE (IF NURSING HOME OR OTHER INSTITUTE 13b COUNTY	I3c. CITY OR TOWN		13e STREET ADDRESS / ZIP CO	DE
Maryla		Camp Sp		5319 Redd Lai	ne 20748
14 FATHER'S NA		LAST	15. MOTHER'S MAIDEN NAM	E MIDDLE	LAST
George George	re	Fletcher	Martha		Pearson
NO S S S S S S S S S S S S S S S S S S S	SED EVER IN U.S. ARMED FORCES KNOWN) (IF YES, GIVE WAR OR DATES)			ADDRESS	
		216-10-5	672John E Burke	e Same as	
CAUSE	OF DEATH (Enter only one couse p DEATH WAS CAUSED BY:	er line for (a)/(b), and (c)	10		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eve eve	IMMEDIATE CAUSE (0)	10141- 4	C40112	NEW DA	
death or offendin of the death or offendin	DUE TO,	OR AS A CONSEQUENC	Hypertension,	2 / /-	4
conse (consection)	s, if ony, which (b),	CVA 43,	Hypertension,	Bradyar-447	442705
conse (consecutive designation)			PTGE /	epression	
PART 2. O	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION G	IVEN IN PART 110
Vi. The low requirements of the state of the	OF OPERATION 196. CON	DITION FOR WHICH OPE	ERATION WAS PERFORMED		ES, WERE FINDINGS USED
hos hos ows					TIFYING CAUSES OF DEATH? YES \( \bigcap  \text{NO } \bigcap \)
Sand Sand Sand Sand Sand Sand Sand Sand		OF INJURY	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM I	B PART ( OR PART 2)
OR CONTRIB	UTING CAUSE OF DEATH HOUR	A.M. MONTH DAY P.M.	19		
	Y OCCURRED 21e PLAC	E OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
ONO Affection Affect Af	NOT WHILE AT WORK	STREET, FACTORY, OFFICE, FARM,	ETC   SIREET	CITY OR TOWN	COUNTY
ZO I certi	fy that (1) (this hospital) attended	the deceased from	Dec 20 19 85	10 NOV. 19	, 19 7 , that (we) lost
TTEN TTOR	be deceased alive on	dy ofter death.	, and that ir (my) (our) opinion de	eoth occurred on the date and h	our and from the causes stated
hos		. 10	DEGREE		22c. DATE SIGNED
Store D Store	tent do	-Cif	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/19/87
A A A A A A A A A A A A A A A A A A A	CIAN'S NAME (TYPE OR PRINT	A	220 ADDRESS 750	o Greens	ray Cata. Dr.
O HOSPITAL O HOSPITAL TO FUNERAL SANDLE SANDLE NAME OF TAMES O SANDLE O SAN	cont lurke	evarit 2, m	D Gre	enbelt ind.	20770.
23a BURIAL, CRE	MATION, REMOVAL 236. DATE		NE OF CEMETERY OR CREMATORY	23d LOCATION	1° CHAITY STATE
BPBuria.	L 23Nov	1987   Ced	ar Hill Cemete:	ry Suitland	PG Md
	topert E Wilhe Funeral Home	elm Süütla		REC'D. BY REGISTRAR IN REGI	STRAP SEMENATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

	1 -	FOR STATE REGISTRAR			DEP		EALTH AND	MENTAL HYGI DEATH	END /	REG. NO.			
0-3	TOE	CEASED NAME	FIRST	-	MIDDLE		LAST		20 DATE OF		INTH D	AY YEAR	7b HOUR
	TIVPE	OR PRINT)	VID	GINIA	L.	R'	YNAKER				11 2	24 87	8 12P M
	3 SE>	(	ATU	4 RACE		5 DATE			6 AGE (IN YEA		AY)	FUNDER 1 YEAR	IF UNDER 24 HRS
8		MALE		WHITE		MONI	79 11	26	61		YRS	ONIHS DATS	HOURS MIN.
0		RIMPLACE (STATEORF	OREIGN	7b. CITIZEN OF		TDV2 8				E CITY OR C		OF DEATH	
	Ke	ntucky		U.S.A	١.	WIDOW		NORCED	PRINCE	E GEOR	GE'S		MD.
4	10 CITY OR TOWN OF DEATH		TH	(IF NOT IN SUC	JRSING HOME ( STREET ADDRESS)  STREET ADDRESS)			120 USUAL O	FOR MOST OF W		INDUSTRY	HOme	
6	13e. S	AL RESIDENCE (IF NURSI TATE ryland	13b COUN P. C	ITY	GIVE RESIDENCE 13c CITY OR Cheve	TOWN	13d INSIDE C	ITY LIMITS?	3522 5	DDRESS / Z	reet	2078	4
1	14 FA	THER'S NAME					15 MOTHER	S MAIDEN NAM	E				
	3	Adam		MIDDLE	Smit	th		ettie		MIDDLE		Wic	
\$ 13		VAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMA	ANT (Husk	pand)	3522s	56th	Street	
-	No	FES, NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	306-28	3-4277	Charle	es R. B	ynakei	r Che	verly		
4/		18 CAUSE OF DEATH	H (Enter on	ly one cause pe	line for (a), (t	or, and (crit	2	- 1		1	1	BETWEEN C	MATE INTERVAL DNSET AND DEATH
1		PART I. DEATH W		DBY E CAUSE (0)	Lau	dio-	1<055	ratu	4 1	tre	St		
oumotic		Conditions, if ony,		DUE TO, C	R AS A CONS	EQUENCE OF	my	Old	enu	^			
other tr		gave rise to imm cause (a), stating underlying cause	g the	DUE TO, O	R AS A CONS	SEOUENCE OF	Sis,	CE	PD				
injury, or other	NO	PART 2 OTHER SIGN	HEICANT (	ONDITIONS <u>C</u>	ONTRIBUTING	TO DEATH BU	T NOT RELATE	D TO THE TERMI	NAL DISEASE	OR CONDIT	ION GIVE	N IN PART 1:0	
ws ony	CERTIFICATION	190 DATE OF OPERAT	ION	19b COND	ITION FOR W	HICH OPERATIO	N WAS PERFO	ORMED	20a AUTO			WERE FINDING CAUSES	
ds 8 sh		710. ACCIDENT WAS UND OR CONTRIBUTING C	CAUSE OF DEA	HOUR A		DAY YEAR		NJURY OCCURR	ED (ENTERNAT	URE OF WILLRY II	NITEM IB PA	RT I OR PART 2)	
ked or th	MEDICAL	21d. INJURY OCCURE	RED	21e PLACE	OF INJURY	FFICE, FARM, ETC.)	21f LOCATI	ON		CITY OR TOWN		COUNTY	STATE
21 is mor		270.1 certify that (1) saw the decease abave, (1) (we) (c	(this hospi		9/8	7	15 and that in (my	19	, taleath accurred	d an the date	24 1 and hour		that (1: (we) lost causes stated
T. If Item		27h SIGNATURE	Bi	ta ,	K . E	Tuch	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [	STAFF PHYSICIA	'N []	17/2	SIGNED 5/87
MPORTANT: If them 21 is marked or them.18		274 PHYSICIAN'S NY	A (TYPE C	K. S	HAF	1	270 ADDRE	uel,	NO	-			
3	23a 9	BURIAL, CREMATION, (SPECIFY) Buria	REMOVAL	11/30	/87	Fort Li	ncoln (	CREMATORY Cemeter	y Brer	twood	ı P.	GUNTY M	aryland
	PF	UNERAL BIRECTARC	h's S	ons Fu	neral b	lome. P	.A.	<sup>2</sup> h E^H	REC'D BY RE	GISTRAR 25	h REGISTI	RAR'S-SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death

etained by the hospital ar attending physician

should be detoched for use as the burial-transit permit. Then please remove cark with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or

4739 Baltimore Avenue Hyattsville, Md. 20781

Alea Devider Randon

# STATE OF MARYLAND

	1	FOR		DEPARTM	LENT OF H	EALTH AND	MENTAL HYGII	ENE) /		19 08		
	11	STATE REGISTRAR			CERTIF	CATE OF	HTAJ		REG. NO.			
6		CEASED NAME FIRST	M	IDDLE	L	AST		20 DATE OF D		NTH DAY	YEAR	2b. HOUR
		OR PRINT)			1000		-		//	20	V7	120,
		GEORG				TER				01	0./	3 H.M
	3. SEX	(	4. RACE	1	5. DATE O		YEAR	6. AGE (IN YEA	ARS LAST BIRTHDA	MONT	DER I YEAR	HOURS MIN.
		Male	Black			illO.	1921		66	YRS		
X		RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	18 -			9 BALTIMOR	E CITY OR C	OUNTY OF	DEATH	
11	Δ	labama		-	1	NEVER		Do se	15 6	EOR6	ES	ALD
-		TY OR TOWN OF DEATH	II NAME OF H	S A OSPITAL, NURSING	WIDOWE		IVORCED [	12a USUAL O	-			F BUSINESS OR
-	0	1	(IF NOT IN SUCH	FACILITY, GIVE STREET A	DDDE S)		1 11 11	TYPE OF WORK F			NDUSTRY	
	6	INTON .		YLAND	NUSI	1746	CENTER	- Reti	red		lospi	tal
300	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE O	ITY LIMITS?	13e STREET AL	DDRESS / ZI	P CODE		
3		rvland Prin	- 1	rDistri	ct H	YES.	NO 🗌	2087		on Ro	nad.	20747
200		THER'S NAME			بالتالي	15. MOTHER	S MAIDEN NAM			, O11 IN	,	
2	11	da .	MIDDLE	LAST			FIRST		WIDDIE		LAST	
4		George VAS DECEASED EVER IN U.S. AR		rter, Sr		17. INFORM	Mandy		ADDRESS		Hart	,
100		YES, NO OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)				4141		NDD NESS	2087	Addi	son Rd
-		Yes		255-32-	<u>-851</u>	Mrs	Cathe	rine	Carte	r Dis	stric	t Hats
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	ine for (a), (b), and	LIC'II	Δ,		Λ			APPROXIA SETWEEN O	MATE INTERVAL
			ED BY: TE CAUSE (a)	( and	lio	pul	mman	4 HO	est	200		
		IMMEDIA				V	/ .		0	>		
		Cardina if an 111	DUE TO, OR	AS A CONSEQUE	D O	1100	xx 2 F61	icoc.	der	MY.		
		Conditions, if any, which gave rise to immediate	(b)	- CULITY	A CV	TF 9	-0()		-	-		
		couse (a), stating the underlying cause last.	DUE TO, OR	AS A CONSTQUE	NCE OF	DO	100 01	MYter	Ca	uly	nes	to.
		Underlying cause last.	(10)	XGIUS	MA		19:00	0 1 1 4		<u> </u>	17	J N
	_	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATE	TO THE TERMI	NAL DISEASE	OR CONDIT	ION GIVEN I	PART Ho	
	CERTIFICATION											
	A	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	DRMED	200 AUTOF		D. IF YES, WI		
1	#							YES 🗍	NOU "	YES [		NO [
	8	210 ACCIDENT WAS UNDERLYING	21b. TIME OF	FINJURY		21c. HOW II	NJURY OCCURRE	ED (ENTERNATI	URE OF INJURY IN	ITEM 18 PART 1	ORPART 2)	
1		OR CONTRIBUTING CAUSE OF DE.	ALIN .	M. MONTH DA		1						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19	211 LOCATI	ON		· · · · · · · - ·			
	VEC	21d INJURY OCCURRED	21e PLACE C	EET, FACTORY, OFFICE, FA	ARM ETC )	STREE			CITY OR TOWN		COUNTY	STATE
	_	AT WORK AT WORK			11	1,				_	a	
		22a I certify that (I) (this hosp	1.0	deceased from_	11-	19		, to	- 4	191		that (It (we) last
		saw the deceased alive or above, (1) (we) (did) (did no	at) view the bridy	ofter death	01	nd that in (my	) (our) opinion d	eath accurred	on the date	and have an	from the	couses stated
		22b. SIGNATURE	3 A	6		DEGREE					22c. DATE	SIGNED
			. 1			MD	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	<b>л</b> П	11.50	7-62
1		224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRE		DIRECTOR	PHISICIAL		7	
		ABULHASAN	ANSA	0: NI	7		072	c ches	7410	-40 K	Da.	1012
		4.24 5410	-1,01(			10	inh	M.	39.	235		
	23a E	BURIAL, CREMATION, REMOVAL	23b DATE	23c. N	NAME OF C	EMETERY OR	CREMATORY	23d LOCAT	TION	- 3	UNTY	STATE
		Burial	Dec. !	5. 1987	Нат	mony	Mem P	La La	ndove	r, Mi	) .	are
	24. FU	UNERAL DIRECTOR	IDUU.			тилту	250 DATE	REC'D. BY RE	GISTRAR 25	REGISTRAR	SSIGNAT	No.
1	St	ewart Funera	1 Home	4001 Be	nnin	a Rd			Q87 3	k -0	Age of the same	4

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO MONTH - (TYPE OR PRINT) OF ESTI-E S FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET, 3. SEX 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 20 DATE LAST BIRTHDAY) PRONOUNCED 1932 54RS Aug Negro DEAD 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Albemarie VA United States Prince Georges WIDOWED [ DIVORCED ID. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Truck Driver Private Prince GeorgesP .G. Hospital 136. COUNTY 3a. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS Benning Road Maryland P.G. Capitol Hots YES TO NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE UNAVAILABLE LAST UNAVATLABLE IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 1226 Benning R (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ARMED FORCESUnavailable Dorothy Johnson Wife YES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH Untensive Cardiovasculor disease PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate BURIAL - TR cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A E CERTIFICATION FICATE, WRITING THE WORD "PEN E FORWARDED TO THE CHIEF ME TTOR: PAGE 3 SHOULD BE USED AS THE STATE DEPARTMENT OF HEAL JAND, 21201 FRIGNETO BURRAL, CR 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO Z 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21E LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEMAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BAITMORE, MARYLAND, 21201 F. STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK Inspection 220. I certify that I took charge of the remains described above, held an Autapsy and in my apinion death resulted fram: Accident Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER

07/84 BP **DHMH - 17** (VR A15 ME (5))

230 BURIAL, CREMATION, REMOVAL 236, DATE Nov

Augusto P. Rodriguez, M.D.

EXAMINER'S NAME

(TYPE OR PRINT)

BURIAL

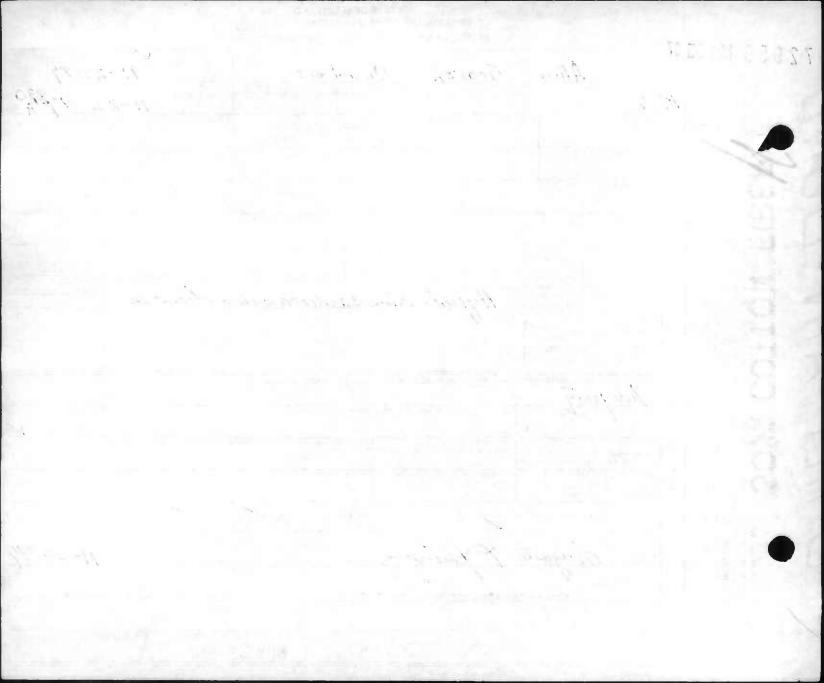
FAMILY CEMETERY,

23d. LOCATION

ADDRESS 5009 Rayburn Ct , Temple Hills, MD

NEW HOPE, Albemarie, Va

BY REGISTRAR 256 REGISTRAR'S SIGNATURE Aulia Deordoon.



DHMH - 16 60M 7 (VRA 15, 4)

72022

STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

REG NO

3. SE	Thoma	4 RACE		5. DATE OF	dric	November  6. AGE (IN YEARS LAST BIR	RTHDAY)	1987	IF UNDER 24 HI	
I.	Male	Cauca	sian	Jan	. 28,1939	48	YRS	MONTHS DAYS	HOURS MI	
Ki	IRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	US	WHAT COUNTRY?	WIDOWED		Prince	Georg	ge's		
	Laurel	GLB H	ospital	ADDRESS)	OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Manager	ION OF WORKING LI		befen	
13a. S Mc			134. CITY OR TOW Laure	Í	13d. INSIDE CITY LIMITS? YES NOTE	130.SIREET ADDRESS 6114 GO	zir codi odmai	n Road	207	
	ather's name First <b>John</b>	MIDDLE	Cindr	ic	Fannie	WIDDLE		Krznaĥ	ic	
(1)		RMED FORCES?	182-30		Mary Cath	erine Cin		same	as 1	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	anly ane cause per SED BY: ATE CAUSE (a)	CARD	10 Pur	MONARY "	HLOST		APPROX BETWEEN	MATE INTERVAL ONSET AND DEAT	
	Canditions, if any, which gover rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									
NO	gove rise to immediate cause (0), stating the underlying cause last.	( (c)_			OT RELATED TO THE TERM	WALDISEASE OR CON	IDITION GIV	VEN IN PART 1	a	
RTIFICATION	gove rise to immediate cause (0), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  1//10/87	CONDITIONS CO MYOC 196 CONDI	ENTRIBUTING TO E  ADDIAL 1  TION FOR WHICH  OUTUSTST	DEATH BUT N NF A/O OPERATION	WAS PERFORMED WCRESHITIS	20a AUTOPSY? YES NO	70b. IF YE	VEN IN PART II	NGS USED	
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	gove rise to immediate cause (D), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  19a DATE OF OPERATION  1/10/87  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IJIE EITHER, NOTIFY MEDICAL EXAMINE WHILE NOT WHILE NOT WHILE	CONDITIONS CO  TOONDITIONS CO	ENTRIBUTING TO E  AND IDEA 1  TION FOR WHICH  DUE TO STATE  FINJURY  M. MONTH DA  M. DF INJURY  BET, FACTORY, OFFICE, FACTORY, OFFICE, FACTORY  19	OPERATION  AY YEAR  19  ARM, ETC.)	WAS PERFORMED  VORTHATTTS  216. HOW INJURY OCCUR  211. LOCATION	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUING OF IN	ZÓD. IF YE. IN CERTII YE. IN ITEM 18. (	S, WERE FIND II FYING CAUSES ES PART 1 OR PART 2)  COUNTY	NGS USED OF DEATH? NO  STATE	
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87OR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

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TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and	should be detached for use as the burial-transit permit. Then please remaye carban papers. Par	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.	IMPORTANT: If Hem 21 is marked or Hem 18 slow, any injury, ar other traumatic event, the m

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

- 1		REGISTRAR					CAILOIL			REG	NO.					
ı		EASED NAME	FIRST	- N	VIDDLE	(/	\ST		2a. DATE	OF DEATH	MONTH	4 [	DAY Y	EAR	2b. HOU	R
L	(TYPE	OR PRINT)	VICTOR	N	IMI	CLI	JNET				11	_		87	8:1	
	3. SEX	(		4 RACE		5. DATE O	F BIRTH	YEAR	6 AGE	IN YEARS LAST	BIRTHDAY		IF UNDER	DAYS	IF UNDER	24 HRS
	and the same	Male		h	lhite	08	<u> </u>	07		0		YRS		DATS	HOOKS	745 (174)
5		RTHPLACE ISTATE	OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8.	NEVER A	AARRIED	9 BALTIA	AORE CIT	Y OR CO	UNTY	OF DE A	TH		
4		ryland	Î	U.S.		WIDOWE	D   DI	VORCED [		nce (		<u>je's</u>				Μ
1	1	TY OR TOWN OF	DEATH	(IF NOT IN SUCE	OSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	R OTHER INST	ITUTION		AL OCCUP		CING LIFE		IND OF	BUSINE	55 O
4	-	Clinton	ß		od Hospi		Inc.		Dist	. Mai	nage:	r	Re	tai	1	
4	13a. S		NURSING HOME OF		GIVE RESIDENCE BEFORE		13d INSIDE C	ITY LIMITS?	13e STREE	T ADDRES	SS / ZIP	CODE				
_	_	D.	NEA	arles	Newberg		YES 🗌	NO 🔯	Box	85 N	ewbe:	rq,	Md.	_20	664	
	TAPPA	THER'S NAME		MIDDLE	LAST			FIRST	AE	MIDDLI				LAST		
Я	J.C.	harles			Clunet	:	Julia						Tu	rne	r	
7		AS DECEASED E			16b. SOCIAL SECU	RITY NO.	17. INFORMA	NT			DRESS					
2		es, no or unknown	(IF YES, GN	E WAR OR DATES	075-09-8	641	Ruth 1	M. Clun	et <sup>Bo</sup>	x 85	Newl	our		d.	2066	
ľ		18 CAUSE OF DE	EATH (Enter or	ly one couse per	line for (a), (b), one	d (g).)	_						BE	PPROXIM	NATE INTER	VAL DEATH
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-		underlying co	ouse lost.	(6)	CAS A CONSEQUE	1102 01										
1		PART 2) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I								EN IN PA	ART Ito					
	CERTIFICATION	Her	ufficie	terein Veninter												
7	CAT	196 DATE OF OPERATION 196 CONDI			OITION FOR WHICH OPERATION WAS PERFORMED			20g AUTOPSY? 20b IF YES, W								
1	TIF							YES [	] NOX		YE			NO [		
	CER	21g. ACCIDENT WAS	-	110110 11		Y YEAR	21c HOW IN	JURY OCCURR	ED (ENTER	NATURE OF	NJURY IN ITI	EM 18 P	ARI I OR P	ART 2)		
	AL	OR CONTRIBUTING CAUSE OF DEATH HOUR A./														
-	MEDICAL	21d INJURY OCCURRED 21e. PLACE			OF INJURY  OF INJURY  211 LOCATION  STREET				CITY O	RIOWN		COU	VIV	5	TATE	
- 1	×	WHILE NO	EET, FACTORY, OFFICE, FA	ARM, ETC. J	Since											
П		22s.1 certify tho	t (I) (this hosp	tol) ottended the	e deceased from_	Novem	ber 6	_, 19_87	to	ovem	per	13	19_8	7	hot (l) (v	we) lo
-		226.1 certify that (I) (this hospital) attended the deceased from November 6 , 19.87 to November 13. 19.35 saw the deceased alive an November 13. 19.87 , and that in (my) (our) opinion death accurred on the date and hour and I above, (I) (we) (did) (did not) view the body after death.									ond lic	m the	ouses sto	ted		
-		2 AL NATURE		view the pody	offer death.	1	EGREE						22c.	DATES	IGNED	
		VIII CLASI Jen			v h	1- N	1	ATTENDING X	MEDICA	AL S OR PHY	TAFF (SICIAN [		1	1/1	4/87	
Н		22d PHYSICIAN"	S NAME	d rends	-10/		22e ADDRES		June	J. (				_, _	.,	
		Michael Levine				7801 Old Branch Ave, #409, Clinton,					on,	Md.				
7	23a. B	SURIAL CREMATIC			23c N	AME OF C	EMETERY OR			CATION						
	Cr	emation		Nov.	14 <b>,</b> 1987 I	ee Cr	emator	7.7	l c	Linto			COUNTY	,		Md
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	Le	e Funera	l Home	Inc	Alexande	er Fer	ry Rd.	NU	V 18	1987	K. J.	1	corder	P.	Jass	
ŀ					Clinton,	Md.	20735			عفر فر م	0					

DHMH - 16 50M 4/83 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the haspital or attending physician.

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D TO THE CHIEF MEDICAL EXAMINED SHOULD BE USED AS A BURIAL - TRANSPORT OF HEALTH AND MENTAL PRIOR TO BURIAL, CREMATION, OF RE

DEPARTMENT OF PRIOR TO BURIA

MEDICAL MEDICAL

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF DEATH MATED AGE (IN YEARS IF UNDER 1 YR. UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED July 6,1905 DEAD 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Minnesota United States DIVORCED WIDOWED . 12b. KIND OF BUSINESS 0. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Alministrator---Hospital UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NIL COUNTY 13c. GITY OR TOWN 13e STREET ADDRE 13d. INSIDE CITY LIMITS? Pennsylvania Chester I. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE William Conley Josephine Dean 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 14b SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Doris Conley (wife) as above #13 469-12-5304 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (D). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O. CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 216. TIME OF INJURY 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING L OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) STREE1 STATE CITY OR TOWN COUNTY WHILE AT WORK Inspection > 220 I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my ppinion Natural couses Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE XAMBINES NAME TYPE ER PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN St. Paul, Minnesota TATE Burlal 27,1987 Calvary Cemetery

AGE 4 SHOULD BE 1000. PAGE PAGE FIRE DEATH, WITH THE STATE ANIMORE, MARYLAND, 2120 AFTER L 0 (VR A15 ME (5)) 20M 4/82

24 FUNERAL DIRECTOR Ives-Pearson Funeral Homes Arlington, Va.

256 REGISTRAR'S SIGNATURE

requires that the death certificate be

0738

### STATE OF MARYLAND

DI

PARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
CE	RT	FICATE	OF	DEATH		

1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
	E OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR				
,,,,,		ILLIAN M.	COOK	11 1	8 87 11 30AM				
3 SE	X	4 RACE	5 DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS				
	FEMALE	BLACK	09 23 98	89 YRS	CITING DATA HOURS MIN.				
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	** MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH				
	rth Carolina	USA	WIDOWED DIVORCED	PRINCE GEORGE'	S MD				
10 €	ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	17a USUAL OCCUPATION	176 KIND OF BUSINESS OR				
	CHEVERLY	PRINCE GEORGE	'S HOSPITAL CENTER	TYPE OF WORK FOR MOST OF WORKING LIFE	Home				
		OR OTHER INSTITUTION GIVE RESIDENCE BEFO		Lu capaca de para de para					
30.	Md. 13b. Co	WHILE GER CAPITO	Hab YES NO	130 STREET ADDRESS / ZIP CODE	20743				
14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST				
	William	H. DAVI	ร์ Unkn็ซ็โมก	MIDDLE	(20)				
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS					
1	NES, NO OR UNKNOWN) (IF TES.	326-40	0-7139 VIRGINIA E	- HOKAES. 4217 W	11/8t,				
	18. CAUSE OF DEATH (Enter	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	PART I DEATH WAS CAU								
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	Conditions, if any, which	(d)	Piratory A	87					
	gave rise to immediate couse (a), stating the								
	underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF								
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
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18	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED		, WERE FINDING SUSED YING CAUSES OF DEATH?				
CERTIFICATION			YES NO YES						
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3	OR CONTRIBUTING CAUSE OF	DEATH	19						
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	ZII LOCATION	CITY OR TOWN	COUNTY STATE				
2	WHILE NOT WHILE AT WORK	TAL FOME STREET FACTORY OFFICE	E FARM EIC.)	1/ 1/ 1/ -	C -3				
	220 L cartify that (I) Vthis ha	unital) attended the deceased from	108	5 10 100-18	that (I) (we) last				

le decemed alive on 19 19 19 death. sow th

23h DATE

DEGREE

ATTENDING PHYSICIAN STAFF

and that in my (our) apinion death accurred on the date and hour and from the causes stated

CREMATION REMOVAL

FOR

DEC

ral director page 3

131 NAME OF CEMETERY OR CREMATORY

22. ADDRESS

3

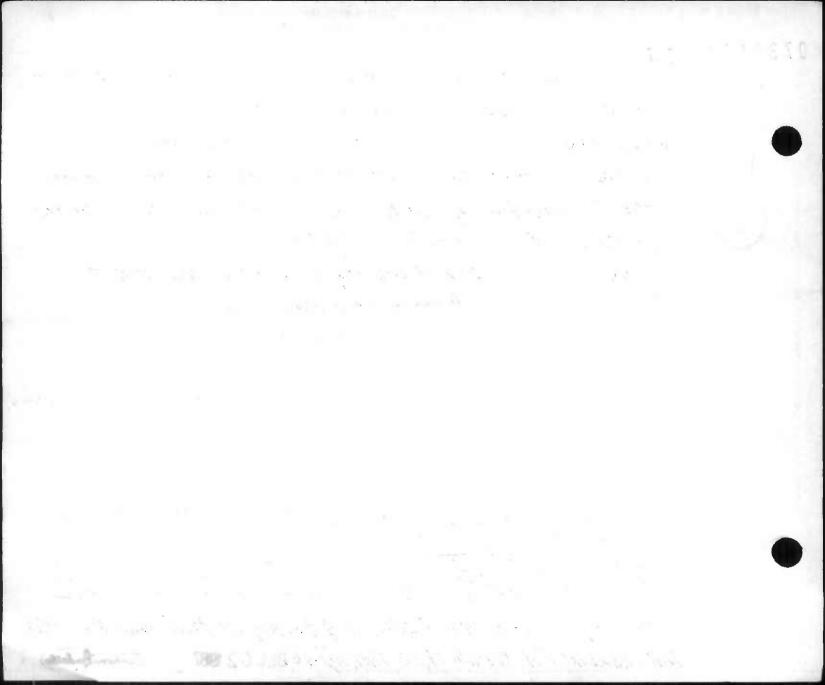
DHMH - 16 60M 7/B4 (VRA 15, 4)

ID FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and changing be detacted to use or the burial-transit permit. Then please remove carbanpopers. Pages in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

affending physicion.

O HOSPITAL

MADGRIANT, If New 71 is manked or Item 18 shows any injury, or ather traumatic event, the



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	STA	TE OI	MARY	LAND	
EPARTMEN	IT OF	HEAL	TH AND	MENTAL	HYGIENE
- (	FPT	FICE	TE OF	DEATH	-

0360

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	187	FOR STATE REGISTRAR			DEP		EALTH AND MEN		ENE /	), J ).	6	0 0
	(TYPE	CEASED NAME OR PRINT)	FIRST / IO/a	Isa	abel		ver		11-3-8	7	DAY YEAR	26 HOUR 11:59 AM
	3. SEX	Female		4 RACE Cau	casia	n 07			6. AGE (IN YEARS LAST BIR	YRS.	MONTHS DAYS	
1		OUNTRY) Maryland		USA.	WHAT COUN	TRY? 8. MARRIEI WIDOWE	V	RIED 1	PRINCE GEO	R COUNTY		Y MD
1		ry or town of dea Laurel	1	GREATER	LAUREI	BELTSV	TLLE HOSE		120 USUAL OCCUPATE LITYPE OF WORK FOR MOST O Typist (Re			
-	HSUA IJu S	L RESIDENCE (IF NURSI TATE Md.	36 COUN		13c CITY OR Fult	TOWN	13d. INSIDE CITY L		11925 Que	en S	treet	20759
	) FA	John		MIDDLE	LAS	ager	15. MOTHER'S MA Mam		MIDDLE MIDDLE		Wo	jackski
-	ioa W	AS DECEASED EVER	IN U.S. AR	wed FORCES?  WAR PROATES)		SECURITY NO. 14-9268	Charle	s M.	Craver		as 1	3e
	NO	Canditions, if any, gave rise to imm cause (a), statim underlying cause	(b) DUE TO, OI (c)	R AS A CONS	uioscle	emia  10 tic U	ISCULO THE TERMIN	en Duso	DITION GIV	VEN IN PART I	lia	
1	CERTIFICATION	190 DATE OF OPERATION 196 COND			TION FOR WHICH OPERATION WAS PERFORMED			D	20a AUTOPSY?  YES NO	IN CERTI	S, WERE FIND FYING CAUSE ES	NGS USED ES OF DEATH? NO
177					OF INJURY .M. MONTH DAY YEAR .M. 19			OCCURRE	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)			
	MEDICAL	21d. INJURY OCCURED  21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21d. LOCATION STREET  CITY OR TOWN							COUNTY	STATE		
		22a. I certify that (1) (this haspital) attended the deceased from 10-26, 19.87, to 11-3, 19.87 saw the deceased alive an 11-2, and that in (my) (aur) opinion death occurred on the date and hour above, (1) (we) (did) (attend) view the body atter death.							19 8 7 ur and from th	., that (I) (we) last ne causes stated		
		226 SIGNATURE	an	-A	Wa	nen	PHYS	NDING L	MEDICAL STAI		22c. DAT	-3-87
		22d PHYSICIAN'S NA	- F	PRINT) W	125	eN	320 ADDRESS	Pu	no bear	- 57	Lau	20707
	23a B	URIAL, CREMATION, SPECIFY) Buria	REMOVAL	23b. DATE 10/06	5/87		emetery or creatul Ch.		23d LOCATION C'FU'I'LO	n Ho	ward	Md.STATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

74 FUNERAL DIRECTOR 7601 Sandy Spring Rd. Fleck Funeral Home, Inc. Laurel

PLANTED TO A COLUMN

remain Cancesian of 13 1901 Labs AZE DESIGNAL Laurell (1991) (1991) The control of TESTA ME LES TONIES William of the street of the s COCK 12 - 100 2008 158 hours Oct Asin Maria 1 18/06/87, St. Isul Ch. Com. Pulton Housed Mc. . Sevening to the section set.

Place Principle and Jones Theory of the Control Section Principle

MARTIAND 21201

MISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMON

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

3

V		GISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
8	I. DEC	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR
	(TYPE	OR PRINT)	RY	1-1-	(	RONK.	20	11.	2.87	505pm
	3. SE)	(	4. PACE		5. DATE C		6 AGE TIN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
1		emale	Caucasi	an	Augu	st 17, 1902	85	YRS	MONTHS OAYS	HOURS MIN.
100	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
		ew York	U.S.A.		WIDOWE	DIVORCED XX	PRINCE	64	FOR GE	S COMD.
1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND OF	F BUSINESS OR
2	15	- KINTON	50.	MARYI	AND	HOSPITAL	Housewife		N/A	
2	Ma Ma		other institution vty e George	13c. CITY OR TOWN	1			zip code ust La		44
A	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WIODIE		LAST	
1		Frank	J.	VanDerWa		Laura	Ε.		Bibb	y
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUE		17 INFORMANT	7900 Locus			
		res, no or unknown) (# yes, gr		112-46-05	83	Arline Cronk	7900 Locus Ft. Washi	t Lane		
		18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b), and	lici.i		,		APPROXIA BETWEEN O	MATE INTERVAL
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardycolour morary appear								mutk
			DUE TO, O	R AS A CONSEQUE	ACE OF			0	1	_/
	Conditions, if ony, which (b) and ensurement Candidates (b)							\$ 6	Jears	
		couse (o), stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF						1	20	
		(c) Schtilling Van								
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	EN IN PART 110	
	CERTIFICATION	198 DATE OF OPERATION	TIRK COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20h IE VES	, WERE FINDIN	CSTISED
1	FIC	THE DATE OF OFERALION	170 COI40	THOM TOR WITHER	OF ERATIO	WASTERIORMED	- /	IN CERTIFY	YING CAUSES	OF DEATH?
	ERT	21g. ACCIDENT WAS UNDERLYING	1 216. TIME O	FINJURY		21r. HOW INJURY OCCUR	RED (ENTER NATURE OF INSU	1	S OR PART 21	NO []
		OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA			TENER THINK OF MITO			
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P. 21e PLACE		19	211 LOCATION				_
il.	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	RM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
П		22a.1 certify that (I) (this hasp	tal-attended th	e deceased from		. 19	10 ///	2	10 877	hot (I) (veet lost
		sow the deceased plive on		1/2 19 8	37,01	nd that in (my) (cor) opinion	death occurred on the d	ote and hour		
8		obove, (I) ( <del>we) (did)</del> (did no 22b. SIGNATURE	t) view the body	ofter death.		DEGREE			22c. DATE S	SIGNED
		Thomas	XX	eldo	un.	MA ATTENDING	MEDICAL STA	FF CIANICI	30	100 SOT
		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e. ADDRESS	e a sea is Valia	212 N	70 90	613
		Thomas	1-11	:LDSON	′	BAMDYWI	NE WALDO	M. /	MED C	ENTER
		URIAL, CREMATION, REMOVAL	23b. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		Burial	11/4/8			coln Cemetery	Brentwo			yland
	Z4 FL	JNERAL DIRECTOR		ADDRE 33		IL LITT KOP VI	TE REC'D. BY REGISTRAR  DV 5 1987	25b. REGISTR	rar's signati	JRE
	Ge	eorge P. Kalas	Funeral	Home Oxc	n Hi	11, Md.   NO	OV 5 1987	in a	Tiondon 7	- dec

DHMH - 16 60M 7/B4 (VRA 15, 4)

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MPORTANT: If them 21 is marked or them 18 shows any injury, or ather troumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached far use as the burial-transit permit. Then please remove carbon-paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, or removal

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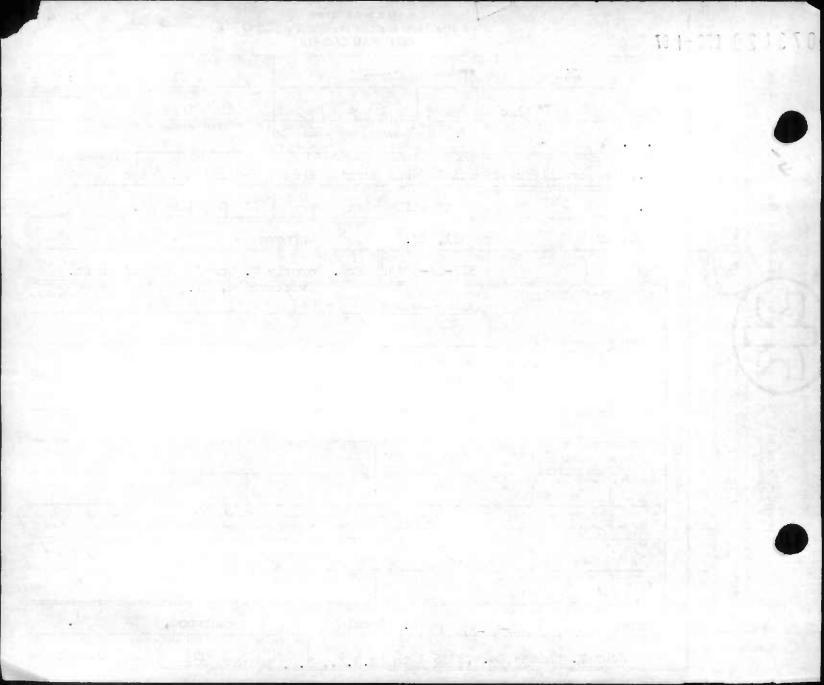
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#### STATE OF MARYLAND

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0734	29	DEC -	1	FOR TATE REGISTRAR	DE		HEALTH AND MENTAL HYG FICATE OF DEATH	REG NO.	<i>U</i> €	
				CEASED NAME FIRST	MIDDLE		LAST	28 DATE OF DEATH MONT	H DAY YEAR	2b. HOUR
<u>e</u>	poge 3		(TYP)	Jim		Cr	owell	11	21 87	9:04p M
you	pod		3. SE	X	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		
4	ctor.			Male	Black	MON	L 4 06	81.	MONTHS DAYS	HOURS MIN.
oth. Pog	n 72 hour	J'ence	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU USA	MTRY? 8 MARRI WIDOV	ED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	MD.
- Ster	with (	Sec.	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	URSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	KING LIFE) INDUSTRY	OF BUSINESS OR
100	by the	Te !		Md., Hyattsvil				Retired Macl	ninist	Unknown
AND 212	filled in	must be	13a.	AL RESIDENCE (IF NURSING HOME O STATE Md.	ROTHER INSTITUTION, GIVE RESIDENCE NOT HERE INSTITUTION, GIVE RESIDENCE NOT HERE IN THE PARTY OF	R TOWN tsville	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP 629 Sherida:	n St. 2	5783
MARYL,	A levely		14. F	Fletcher	MIDDLE Crowell	Sr.	15. MOTHER'S MAIDEN NA	wn	LA	AST .
	Par.			WAS DECEASED EVER IN U.S. AF		L SECURITY NO.	17. INFORMANT	ADDRESS		
TIMO be ey	5 73			YEYOS UNKNOWN) (# YES, GI	5//-	-16-4394		y M. Gray/620		
	Min	2		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o),	(b), ond (c)	40	sville, Md.	APPRO BE PAVEED	XIMATE INTERVAL N ONSET AND DEATH
ST., BAL	000	even			TE CAUSE (a) Care	momo	c o proser	eury nua.	try On	NO _
No e	rorb,	offic			DUE TO, OR AS A CON	SEQUENCE OF	8 "			
PRESTON he death c	otte	FUD		Conditions, if ony, which	(b)					
3 5	by the ose rem I, cremo	other fr		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A COM	ISEQUENCE OF				il a a h
RDS, 201	signed Then ple to burio	njury, ar	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BU	T NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIO	N GIVEN IN PART 1	.ta-
DIVISION OF VITAL RECORDS,	has been permit.	Sws ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATI	ON WAS PERFORMED		IF YES, WERE FIND CERTIFYING CAUSE YES	
ATIA T. 2	ysicic cote onsit	8 54	E E	710. ACCIDENT WAS UNDERLYING	THOUGH A MA MACALI	TH DAY YEA		RED (ENTER NATURE OF INJURY IN IT	EM 18 PART   OR PART 2)	
OF OF	ding physici is certificate burial-transi Mental Hygi	E .	AL	OR CONTRIBUTING CAUSE OF DE	AIN	19				
SION OF VI	his cer buria	00 #	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	OFFICE FARM FIG.	21f LOCATION	CITY OR TOWN	COUNTY	STATE
IVIS	off s th	rked	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, PACTORY,	OFFICE FARM, EIC.)	/	. /		
ATTENDIA	R: Af	E		22a 1 certify that (1) (this hosp		from 11 L	, 19.8	_, to_//1/2(	. 19_8/	, that (I (We) lost
É	RECTOR ned for u	21		sow the deceased alive or obove, (I) (we) (did) (did no	ot) view the body ofter death	19 8 /	and that in (my) (our) apinion	death occurred on the date or	nd hour and from the	e causes stated
02	he Re o	Hem		22b. SIGNATURE	04	,	DEGREE	/	22c. DAT	E SIGNED
AL O	AL D detoc	±		Myray	a. Deur	ul	ATTENDING PHYSICIAN	MEDICAL STAFF		23/8/
HOSPITAL	retained by the TO FUNERAL I should be deto with the Stote I	AA	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT!		22e ADDRESS 230	9 STOREF	-IELD R	SP
ÖH ÖH	O FU	IMPORTA		MYRON L.	LENKIN					
5	T Sh	≥	23a	BURIAL, CREMATION, REMOVA	L 23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	MA STATE
	BP			Burial	11-28-87	Ft. I	incoln	Brentwood		rid •
DH	MH - 16 60N	7/84	24 F	UNERAL DIRECTOR	AE	DDRESS		TE REC'D. BY REGISTRAR 256. F	1.1 201	
	(VRA 15, 4			John T. R	hines Co., $30^{\circ}$	15 12th	St.N.E. T.C.	V216-3-0 1987	Gulia David	ern-Randall



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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TYPE OR PRINT OF DEATH MATED 19 87 Elizabeth Cumbo 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE 16:5 LAST BIRTHDAY) PRONOUNCED DEAD 19 87 Oct. 5, 1902 Black Female TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia United States DIVORCED Prince George's County 10. CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY 3708 Allison Street Clerk U.S. Governmen Brentwood SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 3708 Allison Street Prince George's Brentwood Maryland FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST John Smith Kave Martha 17 INFORMANT ADDRESS 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Andrew W. Lowe/1236 45th Pl., S.E. 577-18-2078 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Metastatic carcinoma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) carcinoma of the breast. 2 years gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXERCITE THE CERTIFICATE, WRITING THE WORD "PENDING PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL FOR FORMARDED TO THE CHIEF MEDICAL FOR ENERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BUILD REFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AN BALLIMORE, MARYLAND, 21201 PRÍCOR TO BURIAL, CREMATI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION None 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X None 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21t HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY (AT HOME II LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Natural causes X death resulted fram: Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL Deputy puty MEDICAL EXAMINER 1919 Seminary Road SIGNATURE EXAMINER'S NAME ADDRESS Silver Spring, Montgomery County, MD John S. Rogers, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE Buria1 Suitland, Maryland Lincoln Memorial Cemetery December 4. 250. DATE REC'D. BY REGISTRAR 266 REGISTRAR'S SIGNATURE

**DHMH - 17** 

(VR A15 ME (5))

IN FUNERAL DIRECTOR Funeral Service 7400 Georgia Ave.,

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	<b>‡</b>	the re-
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be required. Then 24 hours after death. Penined by the haspital or attending physician.	FUNERAL DIRECTOR. After this certificate has been signed by the attending physician time. Turking this the funeral disoluble bedetached for use as the burial-transit permit. Then please remove carbon papers. Per signed. The filed within 72 has the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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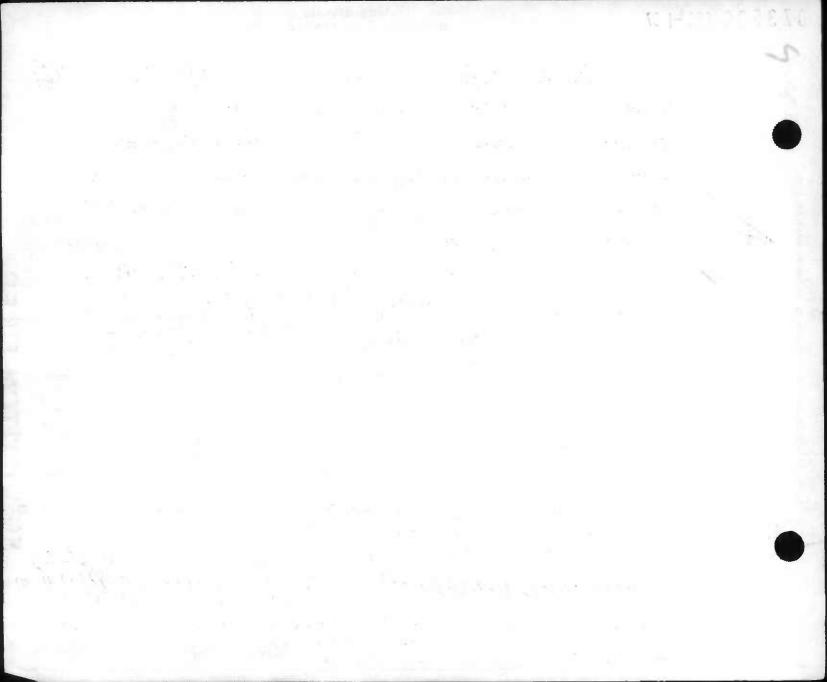
(VRA 15, 4)

073506 DEC |-

REGISTRAR 1. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATI	
MIDDLE CUPLES  E S DATE OF BIRTH	20 DATE OF DEATH MONTH DAY YEAR 25 HOURS
MONTH DAY YE	909 77 YRS MONTHS DATS MOURS MIN.
J.S.A.  **MARRIED ** NEVER MARRIED  **DIVORCE  **DIVORC	- The ME
NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION FOOT IN SUCH FACILITY, GIVESTREET ADDRESS!  THERE M. HOSPITAL CENTE	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
institution give residence before admission) 13t. CITY OR TOWN 13d. INSIDE CITY LIA 200786 Temple Hills YES NO	_ /F00 11 11 D 20/10
Friebel IS. MOTHER'S MAIL FREST Clara	MDDLE These
ORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 578-07-8322 Beverly F	4503 Weldon Dr. Wilson Temple Hills, Md.
cause per lipedar (a), (b), and c).  USE (a) Polymon	very Amst Between Onset and Death
DUE TO, OR IS A CONSEQUENCE OF BULL CH	Edena & bru-
DUE TO, OR AS A CONSEQUENCE OF	
ITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a
9b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO
Ib. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
IE PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
the body after death.	apinian death accurred an the date and havi and from the causes stated
DEGREE ATTEN	
22e ADDRESS	INITE 177 A COUNTY PROPERTY SEE

(TYPE OR PRINT) Alice 3. SEX 4. RA Cat Female TO BIRTHPLACE ISTATE OF FOREIGN 7b. CI Illinois CITY OR TOWN OF DEATH NOTUIL USUAL RESIDENCE (IF NURSING HOME OR OTHER 130 STATE 13b COUNTY 136 COUNTY Maryland Prince G 14 FATHER'S NAME MIDDLE Ernest 160 WAS DECEASED EVER IN U.S. ARMED (IF YES GIVE WAR No 18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CA Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause PART 2 OTHER SIGNIFICANT COND CERTIFICATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE 22a I certify that (I) (this hospital) a saw the deceased alive an obove, (I) (we) (did (did nat) view 22b. SIGNATURE MANSABLI MY 230 BURIAL, CREMATION, REMOVAL 23(. NAME OF CEMETERY OR CREMATORY Arlington Burial Virginia 11/28/87 Columbia Gardens Cem. 6160 Oxon Hill Rd. NOV 30 1987 Julia Julian Resistration 24 FUNERAL DIRECTOR George P. Kalas Funeral Home Oxon Hill, Md.



7.3 0 5 5 NOV 2	REGISTRAR			DEPARTMENT OF H		ND MENTAL H	F DEATH	ارہ REG. No		6 6
PEASE RECTOR. IR FILES. 2 HOURS	1. DECEASED NA (TYPE OR PRINT)  3 SEX  Male		chard    S. DATE OF BIRTH   MONTH   DAY   July 22,	10/10 20	IF UNDE	rtin, Jr. RIYR IFUNDER DAYS HOURS	DEA	ATE		.7 19 87
DELAY & NECESSARY, PLEASE DELAY & NECESSARY, PLEASE IN PAGE 5 FOR YOUR FILES. DEFILED, WITHIN 72 HOURS TO SHE FILED, WITHIN 74	7a. BIRTHPLACE	(STATE OR Y)	76 CITIZEN OF WE U.S.A	HAT COUNTRY?	MARRIED WIDOWED OR OTHER	INSTITUTION	ED 7 BAL	Prince (CUPATION (179	George 1	S County M
ANY AND AND SULL SULL SULL SULL SULL SULL SULL SUL	Chever I USUAL RESIDENCE 130 STATE Marylan	e (IF IN NURSING HOM)	Prince (	George's Gen green about the state of the st	N)	Hospital  I INSIDE CITY LIMITS?  YES NO   MOTHER'S MAIDE		chalford	AL	vattsville uto Body 20715
ALTIMORE, M APTER DEATH RIVE PAGES 1 HI FORMING AGES 1 AND MISSON GENTLE	Rich	ard	Lionel  RMED FORCES? VE WAR OR DATES)  Nam	Curtin, S	r. No. 17	Marie INFORMANT			14 Cha	owell Iford Lane ryland 2071
ORDS, 201 W. PRESTON ST., BALTIMORE, MD. E EXECUTED WITHIN 24 HOURS AFIER DEATH DING" IN PENCIL IN 11EM 1B. GIVE PAGES A POLICLE EXAMINES, ALONG WITH FORMER A BURIAL-STRANSIT PERMIT. THAND, MENNAL HYGIENE, DIVISION CENTAL EMATION; FOR REMOVAL.	Condition of the condit	DEATH WAS CAUS IMMEDI  cians, if any, whice rise to immediat (a) stating the under ause last.	ATE CAUSE (o) M  But to, OR  (b) UB to, OR  (c) (c)	far (a), (b), and (c).)  Ultiple inju  AS A CONSEQUENCE OF  BUT NOT RÉLATED TO THE TERMIN	F	CONDITION GIVEN IN PAI	RT 1 : a		8	APPRÖXIMATE INTERVAL IETWEEN ONSET AND DEATI
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICAL SE 3 SHOULD BE USED AS A BURE OF PRARTIMENT OF HEALTH AND OF PRORT TO BURIAL, CREMATING	210 EXTERI	OF OPERATION  NAL CAUSE WAS  NG Ø OR  ITING ☐ CAUSE OI	21b. TIME OF	INJURY  MONTH PAY6 1877			D LENTER NATURE C	OF INJURY IN ITEM 18		YES 🔯 NO 🗆
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	(SPECIFY)	AATION, REMOVAL	23b. DATE	Cokes, M.D.	ETERY OR C	REMATORY	23d LOCATIO	4	COUNTY	STATE
07/84 25M BP DHMH - 17 (VR A15 ME (5))	2Francis	Casch's	11/20/87 Sons Fund venue Hya	Maryland eral Home, P attsville, Md	.A.	NOV	24 198		P.G. STRAR'S SIGN	Maryland Rudee

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			E SE		3. SE	4 R	VCE .	5. DATE OF BIRT		RTHDAY) MON		ER 24 HRS. 2c. DATE	MON	NTH DAY YEAR	12:55
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		•	S NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS	11			.C.	U.S.A		WIDOV	WED DIVOR		ce George	e's Count	V MD
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		JWC	SE SE SE	1	16e. \	WAS DECEASED EV ES, NO, OR UNKNOWN)	ER IN U.S. ARM		166 SOCIAL SECU		17 INFORMANT		ADDRESS		
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			R: TI VIE, DRW R: P.	D, 2		220. I certify the	at I toak charae	of the remains o	described above, held o	ın Autar	osy X. Inspect	ian , Inquiry [	and in m	N GDIDIOD	
			EXAMINER: CERTIFICATI JLD BE FOR DIRECTOR: WITH THE	N N		death resulted fro		al causes XX,	Accident .	Suicide	Hamicide	Undetermined man		у аринан	
			ERTIN	ARY		0.000	1		, ,	ouicide	TITLE (SPECIFY)	Ondetermined man	ilei L.		
			E COL	₹		ACTUAL SIGNATURE	M	1	7/1/	_ ^	Deputy (	Chief	DA SK	ATE 10-31	L-87
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			A SECOND	Ed		(TYPE OR PRINT)	Ann	M. Dixo	n. M.D.		ADDRESS 111	Penn Street	Baltim	ore,MD 21	1201
			53 ¥ 5 E	BA	236 B	URIAL, CREMATION	,REMOVAL 23	/ /	23c. NAME OF	CEMETERY O	OR CREMATORY	123d LOCATION			STATE
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	2	5M	DHMH - 17		24 F	UNERAL DIRECTOR		ADDR	FSS -		250. DAT	E REC'D. BY REGISTRAR			
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H. P. J. Perchaliting of the confuser of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Zachary DEATH MATED Daggett 24 HOUR 2:22 P M 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2c DATE 58° LAST BIRTHDAY **Black** Male DEAD 11/22/ 1987 Th CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) II.S.A. DIVORCED Prince George's County Georgia IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Laborer Private Cheverly Prince George's General Hospital ISUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS 6915 Kent Town Drive 13d. INSIDE CITY LIMITS? Prince Georges Landover Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Walker Dorothy Daggett Ruben 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 6919PREent Town Drive (YES NO OR UNKNOWN) Dorothy Daggett Landover, Md. 20785 217-72-2604 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Gunshot Wound of Back (unspecified) IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. BE USED AS A BURIN ENT OF HEALTH AND BURIAL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Ig. 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNDEAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIBAÇTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES X NO . 71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR KK MONTH DAY UNDERLYING AOR subject shot CONTRIBUTING CAUSE OF DEATH 1:29P.M. 21e PLACE OF INJURY (AT HOME. 211. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC. WHILE AT WORK 2400 Virginia Ave., Landover, Pr.Geo., Md. on street Inspection 27a. Learnify that Trook charge of the remains/described above, he and in my apinian death resulted from Undetermined manner Notural couse TITLE (SPECIFY) 11/23/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) ADDRESS. 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION Buria1 Maryland Maryland National 11-28-87 P.G. aure1 07/84 7474 Landover Road 250. DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 Landover, Md. 20785 (VR A15 ME (5)) B. Jenkins



DEPARTMENT OF HEALTH AND MENTAL HYGIENES

V		TATE PERSON 7				CERTIF	ICATE OF DEATH		REG. NO.			
	I. DECE (TYPE OF	ASED NAME	Coul		Miles	1	neille	2a. DATE O	11 /9 /8		YEAR	1105 PM
	3. SEX	Fema	ale	4 RACE	ucasian	5. DATE C MONTH Jun	DAY YEAR	6. AGE (IN	YEARS LA IRTHDAY	IF U	NDER TYEAR	IF UNDER 24 HRS
)	Tak	HPLACE (STATE OR I	k Md	USA	WHAT COUNTRY?	WIDOWE		DAI	/	FOR G	252	G MD.
2	C	ORTOWN OF DEA		SPOT IN SUC	HEACHITY, GIVE STREET	ADDRESS)	HUSPITHE		occupation  RK FOR MOST OF WOR  Pala	KING LIFE)	izb. KIND O INDUSTRY Royal	Dept S
	Mar	yland	136 COUN	1TY	I34. CITY OR TOWN Forestv	N.	13d. INSIDE CITY LIMITS? YES NO	13e STREET 7805	ADDRESS / ZIP Putnam		ie 2	0747
7	14. FATH	HER'S NAME FIRST		WIDDLE	Miles		15. MOTHER'S MAIDEN NAM	WE	WIDDIE		LAS	ī
	(YES	S DECEASED EVER NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES!	578-12-		17. INFORMANT Linda Mur	phy			oche	ague Li
	18	PART I. DEATH W	AS CAUSE		line for (a), (b), and		umonia				BETWEEN C	MATE INTERVAL DISET AND DEATH
		Conditions, if ony, gove rise to immediate (a), stating cause	nediate ig the	(b)	R AS A CONSEQUE	CHR	ovic obsti	RUTIV	E PUL	Dis	Ze	0 Y+5
	NO.	ART 2. OTHER SIGN		E			NOT RELATED TO THE TERM					
1	TIFIC	a DATE OF OPERA	ION	IN CONDI	HON FOR WHICH	OPERATIO	A MAS PERFORMED	200 AUTO				OF DEATH?

			AE2 NO	AF2	NO [
210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19				
21d INJURY OCCURRED  NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE

220.1 certify that (1) (this haspital) attended the deceased fram. and that in (my) (aur) opinion death occurred on the date and have and from the causes stated

22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN

22e ADDRESS

12Nov1987 Fort Lincoln Cemetery B 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

Brentwood Burial

24. FUNERAL DIRECTOR E Wilhelm Funeral Home

Suitland, Md.

BY REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANT

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			EASED NAME FIRST	M	AIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	4 40	(1116)	Maurio	e Edv	vard	DAR	OIS	November		87	6:02A M
3	mon de la constante de la cons	1 SEX	4	4 RACE		5. DATE C	DE BIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF U	THE DAYS	IF UNDER 24 HRS HOURS MIN.
	and of the A	-	Wale.	WHIT			18 18 1919.		YRS	D5 4711	
	4 50 /2		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF V		RY? 8 MARRIE	D NEVER MARRIED			DEATH	
	8 (	-	W. Hamphire	U. S.		WIDOWE	DR OTHER INSTITUTION	Prince Ge	orge	12h KIND O	MD. F BUSINESS OR
5	10:83	L	anham.	Dring h	ospíta	T ADDRESS)	nham Md.	Fed. Govt	FWORKING LIFE)	INDUSTRY	rd <sub>Ret</sub>
ND 212	24 hours		aryland. 13 Pr	nother institution.	GIVE RESIDENCE BE	Raini	138 INSIDE CITY LIMITS?		ZIP CSDE.	207]	L2
MARYL		14 FA	THER'S NAME FIRST	WIDDIE	Darois		Not Ava	ailable		LAS	ī
IMORE.	(4)	160 W	AS DECEASED EVER IN U.S. A		166. SOCIAL SI		Marjorie .	A. Strippy.			
I W. PRESTON ST., BAL	that the death certificate to the attending physical ease remove catbon paper of cremovals, are other traumatic event, the		Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR  (b)  DUE TO, OR  (c)	R AS A CONSE EMPH R AS A CONSE ACUTE	QUENCE OF	VAC FAIC	UMONIA.			IMATE INTERVAL QNSET AND DEATH
ORDS, 26	Then plus	NOIL	PART 2 OTHER SIGNIFICANT	WITH	RT. H	PEMIP	ZEGIA.		DITION GIVEN		
AL RECO	he los he	TIFICA	190. DATE OF OPERATION	5/8 7 7	TION FOR WH	IICH OPERATIC	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	G CAUSES	
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	TALOR A the h. RALDER detache one Dep		27 K Z	nma	>		ATTENDING PHYSICIAN	MEDICAL STA		11/	26/87
	HOSPIT CONTRACTOR		YEAR-KWON	/	on 1	ND.	22e ADDRESS 730	1 Baltzmoz	4 %	# 0740	///
	55 5213		BURIAL, CREMATION, REMOVA			23c NAME OF	EMETERY OR CREMATOR	23d LOCATION	c	OUNTY	STATE
	RP	1 (1)	Burial.	Dec 1-1	14 2.1 E	t. Li	ncoln. Bre	ntwood P. (	Jeo Co	. Md	

Takoma Funeral Home 25. Dane CD. By REGISTRAR 256. REGISTRAR'S SIGNATURE 254 Corroll St. N. W. DNOV 30 1987 Julia Divider Renderal

DHMH - 16 60M 7/84 (VRA 15, 4)

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# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE / 3 3 2 7 1.

		STATE REGISTRAR	MED		R'S CERTIFICATE	DEDEATH	10
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RECTOR. R FILES. PHOURS	3. SE)	14 RACE	S DATE OF BIRTH	6. AGE IN YEARS		R 24 HRS. 2c DATE	MONTH DAY YEAR 24 HOUR
STATE			MONTH DAY	YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	36. 6 03 400
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2 H 2 H 3 / )	1	1. P +	(IF NOT IN SUCH FACI		1 1	FOR MOST OF WORKING LIFE)	OR INDUSTRY
AP NOW	USUA	L RESIDENCE (IF IN NURSING HOA	AE OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION	Nota 103	Exterminator	Extermination
150	13a S	1111	YINTY	13. CITY OF TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	19/2/1 +102
	14 E	THER'S NAME	ecceorges)	angley 10	YES NO L		na what Kipt 103
ON PROPERTY	1	FIRST	MIDDLE	LAST	FIRST	WIDDLE	LAST
OR 888	16a V	Henry VAS DECEASED EVER IN U.S. A	Ernest	Davis 166. SOCIAL SECURITY N	Esther 10. 17. INFORMANT	M .	Brown 20817
MI ECONO	(4	ES, NO. OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			9015 K	irkdale Road
A SEE SE				577 32 6557	Patricia	A.Gollan Beth	esda, Maryland
ST.		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly ane cause per line to SED BY:	ar (a), (b), and (c).)	Ma inc.	diel Div.	BETWEEN ONSET AND DEATH
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DIV THIS CI WARDE PAGE 3 TATE DI 21201 J	¥	WHILE NOT WHILE	STREET, FACTOR	RY, FARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE
STA.		AT WORK					
EXAMINER: ECETIFICATE OULD BE FORM: A DIRECTOR: 1, WITH THE S MARYLAND,		22a I certify that I taak cho			Autopsy . Inspection	, , , , ,	and in my apinian
SYL STATE OF		death resulted fram: No	tural causes A.	Accident L., Suicio		Undetermined manner	
WA. WA		ACTUAL /	0011	-	TITLE (SPECIFY)		DATE 16 42 1000
2 H K & K W W		SIGNATURE	14/1	Ser Ser	M.D. Jeg	MEDICAL EXAMINER	DATE 18 0,2 1987
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	(5	Burial	November7			CITY OR TOWN	COUNTY STATE
07/84 BP	24. FI	INERAL DIRECTOR Robe	rt A. Pumph	Cedar Hill	Home / MARY DATE	Suitland RECD BY DEGISTRAR 256 REC	Maryland Maryland
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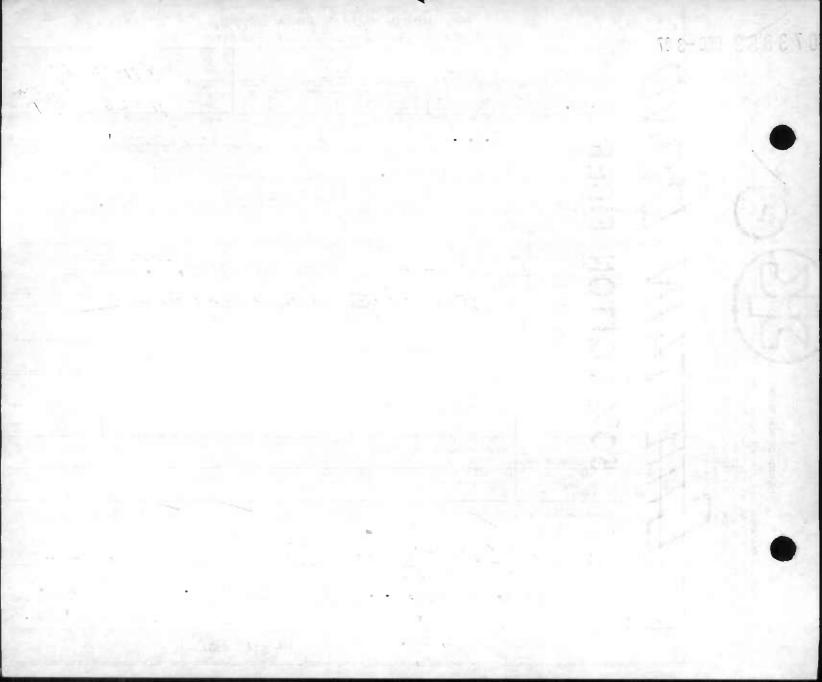
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Section 200

200	0.1.7		FOR 11-13-87 per ISTRAR	med exam	DEPARTMENT OF	HEALTH AN	ID MENTAL HYGI	NE/ O	3 2 / 5
068	8 1 7 OCT	16	ISTRAR ASED NAME FIRST	ME	MIDDLE	VER 3 CER	TIFICATE OF DE	REG. NO	
1		(TYI	PE OR PRINT)		G.	LHO!		OF ESTI-	
0	50 25 E	1	Juanit			Digg	S	DEATH MATED	+0/ 3/ 1/0/
Λ	PEETON R FILE HOUSE STREE	3. SE	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTH	DAY) MONTHS D	TYR. IF UNDER 24 HR	PRONOUNCED	10/ 3/ 1987 24 HOUR 5:00
	S S S S S S S S S S S S S S S S S S S		MALE BLACK	8 18 7b. CITIZEN OF WI	1908 79	YRS.	THOUSE MAN	DEAD	10/ 3/ 1987 PM
	RCESS NEERAL WHITE	H B	RTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
		SC	UTH CAROLINA	U.S.A		WIDOWED [	XX DIVORCED		rge's County MD
	A SIEB	V C	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOA	AE, OR OTHER IN	ISTITUTION 170. L	ISUAL OCCUPATION (TYPE	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
	A SERVICE	10	Cheverly	Prince (	Georges Ger	eral Hos	spital	OR MOST OF WORKING LIFE)	OK INDUSTRI
- 5	ANY DEL	115U/	AL RESIDENCE (IF IN NURSING HOME C TATE 136 COUN	R OTHER INSTITUTION, GI	VE RESIDENCE BEFORE ADMIS	SION)			1 /
2120	A CHETTER P		RYLAND A.A.		ANNAPOLI		INSIDE CITY LIMITS? 13e. S	TREET ADDRESS	21401
9	- No. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		ATHER'S NAME		I ANTIMAP OLIT		AOTHER'S MAIDEN NA	MADISON S	treet
	E 25 25	11	FIRST	MIDDLE	LAST		FIRST	WIDDLE	LAST
o o	/ 20 800 -	16c. V	MOSES VAS DECEASED EVER IN U.S. AR/	BRO	NN 16b. SOCIAL SECURI	ITY NO 17. IT	VEORMANT	ADDRESS	WILLIAMS
ALTIMORE	后至585	N	ES NO. OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		001 1	210 P	indell Ave.,	Annapolis, Md.
1	10 E 2 E				213-36-3	035   1	VANGELINE 1	STNDEPT	
15	BENEW		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED	y one couse per line BY: Ho	tor(o),(b), and(c); ead injuries v	with compl	ications		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON	SEGRES.	15	IMMEDIA	E CAUSE (0)			Tea CTOTIS		
- 10	NA APPEN	1	Canditians, if any, which	DUE TO, OR	AS A CONSEQUENCE	: Or			
/=	EASE AS		gove rise to immediate	(b)					
201 W	AEN VEN		cause (a) stating the <u>under</u> lying cause lost.	DUE TO, OR	AS A CONSEQUENCE	OF			
5, 2	5 2 2 2 2 2			(c)					
VITAL RECORDS,	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 PERCUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCILIN THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG THE STATE SHOULD BE USED AS A BURBAL. TRANSITE AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGHE BARTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR PERMONENT OF THE STATE STAT	ZO	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO OF ATM	BUT NOT RELATED TO THE TER	MINAL OISEASE OR CO	DNOITION GIVEN IN PART 1 to		
8	L'ES A PER	MEDICAL CERTIFICATION	190. DATE OF OPERATION	196. CONDIT	TION FOR WHICH OPE	RATION WAS PE	ERFORMED?		20 AUTOPSY?
¥	58 H 20 P 5	F							YES TO NO
V F V	WE WE	1 8	210. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY	21c HOW IN	NJURY OCCURRED (ENTI	ER NATURE OF INJURY IN ITEM 18 P.	
DIVISION OF	A THE COULT HE WAS TAKEN	¥	UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY YEA		ect beaten		
ISIO	SHO TO TO SHOW	8	214 INJUIDY OCCUPPED	21e. PLACE C	OF INJURY (AT HOME,	211. LOCATIO			
≥	S CRITICAL STATE OF THE DISCOLUTION OF THE DISCOLUT	M	WHILE DOT WHILE AT WORK		ORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY STATE
	PAC STAI		- / /		Home		Madison Stree	et Annapolis,	Anne Arundel, MD.
	A E S S S S S S S S S S S S S S S S S S		220 I certify that I wok charg	e of the remains des	gribed obove, held on	Autopsy		Inquiry,ond	I in my opinion
	A FE BEE		death resulted from blater	ol causes . /	Accident, S	uicide,	Homicide X Und	etermined monner,	
	A K E E E E		ACTUAL May	1 6	No		ITLE (SPECIFY)		
	KERKE W	1	SIGNATURE TIL	1, 4		M.D.A.	ssistant ME	DICAL EXAMINER	DATE SIGNED 10/4/87
	NE S 4 S VON		EYAMINER'S NAME						
	A D P S E		EXAMINER'S NAME (TYPE OR PRINT)	harles P	Kokes, M.	D. ADDR	ess 111 Pe	nn St., Balt	o., Md. 21201
	PAT PET	23o.B	URIAL, CREMATION, REMOVAL 2	Bb. DATE	23c. NAME OF CE	METERY OR CRE	MATORY 23d	LOCATION TY OR TOWN	COUNTY STATE
07/84	BP6/9		BURIAL	10-2-198	7 PINELAI	IN MEM	PARK	mnonold A	
25M	DHMH - 17	24. FI	NAME AND	apolis, M	d, 21401		250. DATE REC'D.	THE PRINT PRINTED REGIS	TRAR'S SIGNATURE
	(VR A15 ME (5))		WILLIAM REESE &	SONS MOR	TUARY, P.A		OCT 1	5 1987 Julia	Dividen Randale
			:						

njury, ar other troumotic

marked or Item 18 shows ony

IMPORTANT: If Item 21 is

## FILM G 636 2/18/88 STATE OF MARYLAND

1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENÉ / REG. NO	0 0	City #			
	E OR PRINT) Myrtle			odge	November	18, 198		11:00 A		
7a. B	emale  IRTHPLACE (STATE OR FOREIGN COUNTRY)  Washington DC	U.S.A.	WHAT COUNTRY?   MARRIE WIDOW	. 23, 1891  ED  NEVER MARRIED    VED  DIVORCED	92 95 9 BALTIMORE CITY OF Prince Geo	YRS MONT	DEATH County			
	Mt. Rainier		HOSPITAL, NURSING HOME (CHEAGINTY, GIVE STREET ADDRESS)		Homemaker	WORKING LIFE)	26. KIND OF NOUSTRY OWN	Home		
130.	AL RESIDENCE (IF NURSING HOME O STATE Maryland 13b COU		Mt. Rainier	13d. INSIDE CITY LIMITS?	3226 Chiffu	m Road	, #20	1 20712		
14. F/	William	MIDDLE	Harvey	Sarah	Berth			drick		
		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECURITY NO. 577-07-3930	Bertha Davi	s (Daughter		sville	•		
	18 CAUSE OF DEATH lEnter o PART I. DEATH WAS CAUSI IMMEDIA	ED BY: TE CAUSE (0)	Heart Failur				Mon			
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	) (6)-	OR AS A CONSEQUENCE OF Atherosciero	otic Cardiovas	scular Diseas	e	Yea	rs		
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  Hypertension									
CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO		OF DEATH?		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIN	DFINJURY .m. mOnth day year .m. 19		URRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPAR					
MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE		
	220.1 certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n	Novemb	er 9, 19 87	ond that in (my) (our) opinion		te and hour an		hat (It (we) lost ouses stated		
	22h SIGNATURE			DEGREE			22. DATES	SIGNED		

22e. ADDRESS

David C. Lanier, M.D.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

3001 Bladensburg Rd. NE Washington, D.C.

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION
Cedar Hill Cemetery Suitland P.G. Maryland

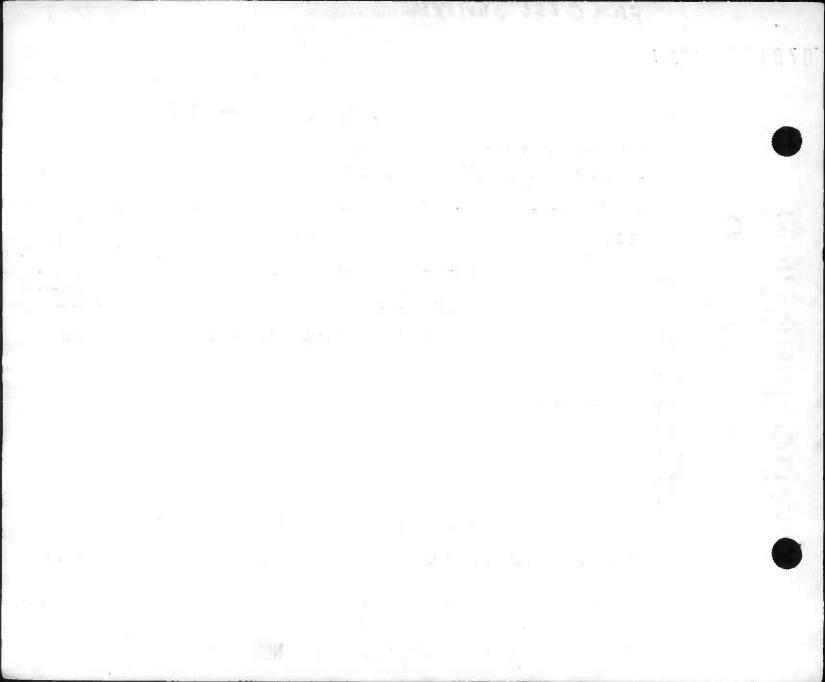
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D

BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 11/21/87 Francis Casch's Funeral Home P.A. 4739 Baltimore Avenue Hyattsville, Md.

11/19/87

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



071747 NOV	13	FOR STATE GGISTRAR			DEPARTA	NENT OF H	EALTH AND MENTAL HYP	GIENE 3 /	0.	5 6	1 6	
/	I DE	CEASED NAME	FIRST		MIDDLE	Į.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR D	
3 75	(TIPE		etta	Fra	inces	DOI	ERING	November	2 1	1987	4:00 M	
6 8 1	3 SE	X		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	(THDAY)	IF UNDER I YEAR		
To section of	2	Female		Ca	uc.	Aug		85	YRS.	MONTHS DATS	HOURS MIN.	
	7a Bi	RTHPLACE ISTATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	Y OF DEATH		
THE !	N	lichigan		U.S.	Α.	WIDOWE		Prince		rge's	MD.	
CI TIAN	10. C	TY OR TOWN OF DEA	OR TOWN OF DEATH		11. NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION				B. KIND OF BUSINESS OR	
6 1 11 70	1	Greenbelt		Greenbelt Nur		sing Center		Exec. Secretary Con		st. Co.		
ND 214 min 24 mi	*USU. 13a. S	AL RESIDENCE (IF NURSI STATE Md.	13b COUN	Geo.	130 CITY OR TOW Seabro	N.	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS . 9039 Fin	zip cobi	st. 20	706	
rthin rthin 2 sh	14_F/	THER'S NAME					15. MOTHER'S MAIDEN NA	AME				
w A w and w and w and w		Julius	LaB	roski	LASI		Emma M.	DuFore		LA	57	
BALTIMORE, MARYLAND cote be executed within 24 sysicon and completely filled ppers. Pages. J and 2 should vol. it, the medicolex dimener (m)		VAS DECEASED EVER ( YES, NO OR UNKNOWN)		MED FORCES?	386-26		17 INFORMANT Lorna Mon	it 734 Da:		Michiq	an 4818	
SALI ote b ote b opers ool.		18 CAUSE OF DEATH	Enter or	ly one couse pe	line for (o), (b), one	dicul				BETWEEN	CIMATE INTERVAL ONSET AND DEATH	
ST., I ertific g phy bonpo remov		PARTI DEATH WAS CAUSED BY: Cardiac arrest, secondary to arrhyth							nmia	Su	dden	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN. The low requires that the death certific ottending physicion.  After this certificate has been signed by the ottending phis state buriol-transit permit. Then please remove dorband the and Mental Hygiene prior to buriol, cremation, peremoned orked or hem 18 shows any injury, or other tradimatic every		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  Arteriosclerotic cardiovascular disease  Unknown  DUE TO, OR AS A CONSEQUENCE OF  (b)  Arteriosclerotic cardiovascular disease  Unknown							known			
DS, 20	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
w red w red wit. Th	ATIO	190 DATE OF OPERAT	ION	19b COND	Old str		N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI		
At REC	CAL CERTIFICATION						YES NOTE NO			S OF DEATH?		
IYSICIAN: TI ding physical is certificate buriol-transi Mental Hygi		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	HOUR A		Y YEAR	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJU	RY IN ITEM 1B I	PARI OR PARI 2)		
HYS his of his of his of his of hor the	MEDICAL	21d. INJURY OCCURR	ED		OF INJURY	One STC 1	21f LOCATION STREET	CITY OF TO	)WN	COUNTY	STATE	
VS P offer ter 1 t	>	AT WORK AT WOR	LE _	(A) NOME SI	accident office, in	ann, ere j						
ATTENDI spitol or CTOR: A for use of Heal		220-1 certify that (I) (this hospital) attended the deceased from 5 March 1976 to 2 November 1987, that (I) (we) lost saw the deceased alive on 2 November 1987, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not view the body after death)										
ALOR A the horal transfer of the horal trans	14	226 SIGNATURE	)-	for	moun	/	DEGREE ATTENDING PHYSICIAN	MEDICAL STA			ov., 1987	
HOSPITAL ned by the FUNERAL JID be det the Store		22d. PHYSICIAN'S NA					22e ADDRESS				-140-17	
TO HOSPITA etoined by TO FUNERA should be do with the SIO		Carl	J. H	loumann,	M. D.	Sold	4404 Queens	bury Rd., Ri	lverda	ale, MD	20737	
D		BURIAL, CREMATION, I	REMOVAL	23b DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE	
BP		Buri	al	11/1	.0/87 W	oodm	ere Cemeter	y Detroi	t, M:	ichiga	n	
DHMH - 16 60M 7/B4		UNERAL DIRECTOR	Ren	ndon/Ha	le Lanh	am F	un'l Hone	TE REC'D, BY REGISTRAR V 1 2 1987	256 REGIST	TRAR'S SIGNA	TURE	
(VRA 15, 4)	90	13 Annap	olis	Rd. I	lanham,	Md.	20706	1 1 4 130/	Guila	Denoted - 1	Conques	

DIX COLLON PIBEL

WDV 1 2 1987 -- 1-1-1-1-1

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicing and completely should be detached for use as the burial-transit permit. Then please remove carbon popers, Roam and still the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

retained by the haspital or attending physician.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR
STATE
REGISTRAR

16

the funeral director, page 3 3.00 d withm72 haurs after death

death. Page 4 may be

#### STATE OF MARYLAND DE

PARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	

REG. NO.

16 8		CEASED NAME OR PRINT)	FIRST		lorence		DOTSON	20 DATE OF DEAT	H MONTH	7 87	7.20am	
	3 SEX Female 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland			RACE Black	5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS					IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	
35				76. CITIZEN OF WHAT COUNTRY?		8. MARRIED NEVER MARRIED WIDOWEDXX DIVORCED DIVO		PRINCE GEORGES COUNTY  MD.				
notified		CLINTON					ROTHER INSTITUTION 120 USUAL OCCUPATION 1216 KIND OF BUSINESS OR HOSPITAL 1120 WORK FOR MOST OF WORKING LIFE) 1126 KIND OF BUSINESS OR INDUSTRY					
	13a. S	al residence (# NUR State laryland	INCOUNTY Char		GIVE RESIDENCE BEFORE 130. CITY OR TOWN Waldorf	N	13d. INSIDE CITY LIMITS? YES XXX NO [	130.STREET ADDRE			20601	
80	FATHER'S NAME FIRST Arthur				Sewell		E1myra	Pinkney				
DO DO		WAS DECEASED EVER YES, NO OR UNKNOWN)	(IF YES, GIVE W		220 34	8665	Warren Do		SAA			
ar other traumatic event, th	MEDICAL CERTIFICATION	18 CAUSE OF DEAT PART I. DEATH V Conditions, if any gove rise to im couse (a), stati underlying coust	VAS CAUSED E IMMEDIATE (  , which mediate ng the	Y: AUSE (a) DUE TO, OI	R AS A CONSEQUE	NCE OF	Hech	for	len	APPROX BETWEEN	MARTE INTERVAL ONSET AND DEATH	
ows any injury, ar		PART 2. OTHER SIG	CUF	7-6	Ziele To	5 -	NOT RELATED TO THE TER A S HOLL N WAS PERFORMED	MINAL DISEASE OR C	20b. IF YI	ES, WERE FINDING CAUSES	NGS USED	
18 g g g g g g g g g g g g g g g g g g g		210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEATH	P./	M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)		
marked or		21d. INJURY OCCUR	HILE	21e. PLACE ( (AT HOME, STR	DE INJURY BET, FACTORY, OFFICE, FA	ARM, ETC )	21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE	
100		20a.1 certify that (1) (this haspital) optended the received from 19 , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.										
7. 14 14en		22b. SIGNATURE	100	See	-, m.			MEDICAL DIRECTOR PH	STAFF IYSICIAN []	122c. DATE	SIGNED	
IMPORTANT: If Item 21		274 PHYSIC PAN'S N	AME (TYPE OR PE	n. 05)	TOAN	/	92-35	404	qu-	md-	2174 F	
	Burial 12 Nov 87 Christ Church Cem Baden, P.G.Co., MD										1D	
7/84	21.5	WARTELL WARTELL	ada	ms!	address	con	1d 20608 18	0V 1 3 198	7 July	STRAR'S SIGNAT	· Randal	

23¢ NAME OF CEMETERY OR CREMATOR

Harmony Memorial Park

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

23a BURIAL, CREMATION, REMOVAL

Burial

FOR

- STATE

Vann: & Williams, 4804 Ga. Ave: , N.W., Wash., D.C.

11-28-87

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Landover.

3 21A

IF UNDER 24 HRS

126 KIND OF BUSINESS OR

None

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

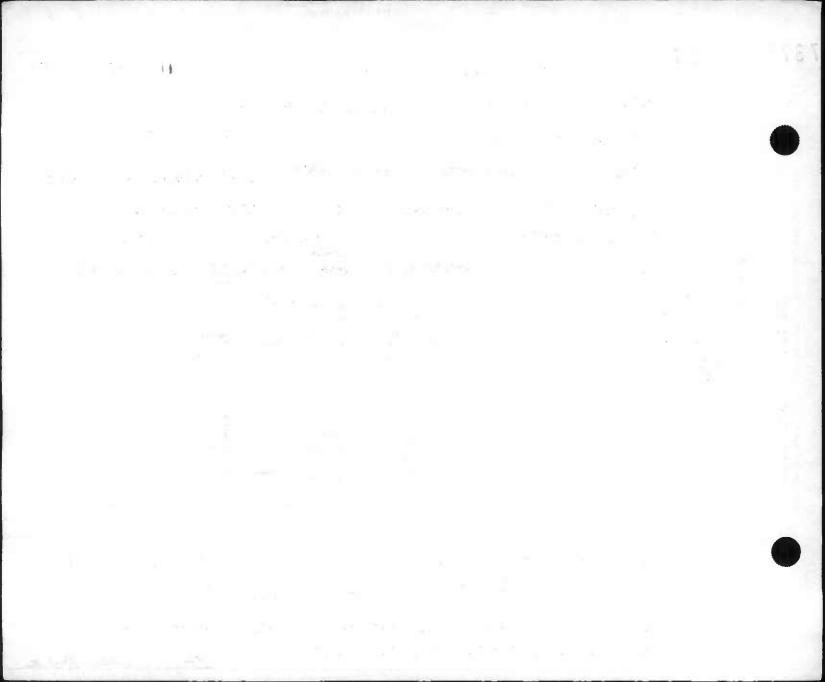
INDUSTRY

COUNTY

22c. DATE SIGNED

STATE

Dent.

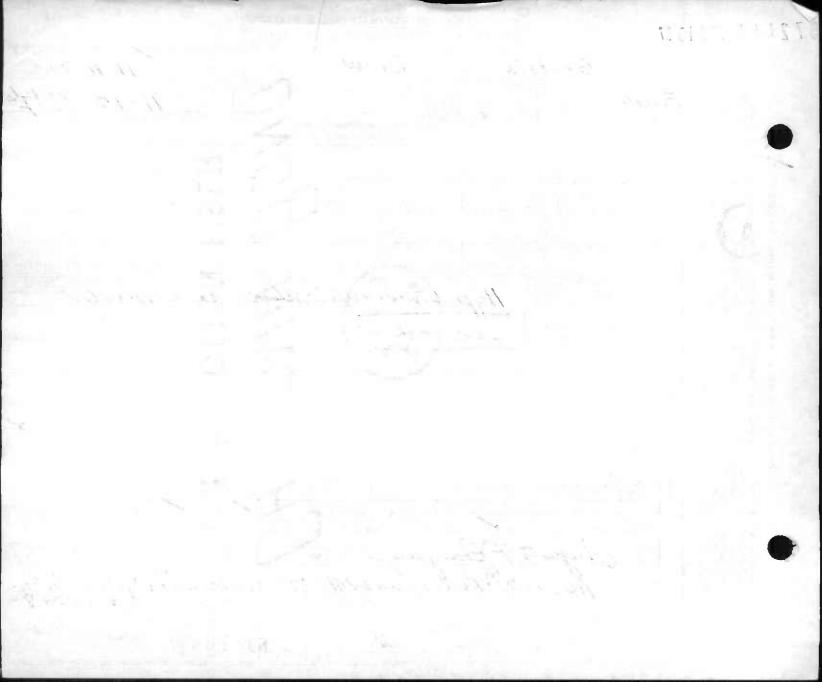


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF Groteia DEATH MATED 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED Jan. 4,1935 Black 523 DEAD 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR MARRIED NEVER MARRIED FOREIGN COUNTRY South Carolina USA WIDOWED [ DIVORCED 3 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Malcolm Grow AFB Administration Secretary USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 30. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 1911 Glendora Drive Maryland P.G. District Hats □ NO 🗌 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Ira J. Gamble Elizabeth Lane 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160 30 6128 Lisa E. Drew-daughter-1911 Glendora no Drive, District Heights, Maryland 1B CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IS AL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY send alterisclentic cerdityrealor IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate cause (a) stating the under-OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION BE USED AS A NT OF HEALTH ATE, WRITING THE WORD "PE ORWARDED TO THE CHIEF N R: PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO F 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK WHILE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. VPAGE 4 SHOULD BE FORW TO FUNKAL DIRECTOR: PAFTER DEATH, WITH THE STABALIMORE, MARYLAND, 2 220. I certify that I taok charge of the remains described above, held an Inspection Notural couses death resulted from: Accident Suicide Homicide Undetermined manner LITLE (SPECIFY) Tod Homestead Memorial Cemetery, Youngstown Buriak 07/B4 BP HA RECTION SCHALLER - Lan 25M 24. FUNERAL DIRECT **DHMH** - 17

Benning Road

Home-4001

(VR A15 ME (5))



301 W

DIVISION OF VITAL RECORDS

FOR STATE REGISTRAR

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

**CERTIFICATE OF DEATH** 

REG. NO

		CEASED NAME	FIRST	N	J		MORE		OV. 15.		DAY YEAR	26 HOUR	
	3 SEX	x		RACE		5. DATE O	F BIRTH		(IN YEARS LAST BIRTH	(DAY)	IF UNDER I YEAR	IF UNDER 24 H	
		MALE		BLACE			. 17,1922 <sup>EAR</sup>		65 YRS.				
-		RTHPLACE ISTATE OR FO		USA	WHAT COUN	MARRIED	NEVER MARRIED	1 1 1	9. BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE				
1		ATTSVILLE	ATH 11.	NAME OF HOSPITAL, NURSING HOME C			ROTHER INSTITUTION 120 USUAL OCCUPATION (179E OF WORK OR WOST OF MILL. PERS.)						OR
2	13c. S M/	AL RESIDENCE (IF NURS STATE ARYLAND	PR . GR		GIVE RESIDENCE 113t CITY OR		136 INSIDE CITY LIMITS? 136 STREET ADDRESS OF RAY ROA			AD	20	13	
	14 FA	OSCAR J.	DUNMO	RE, SR	LAST		HESTER	NAME	WIDDLE	R	OYSTON	5T	
		VAS DECEASED EVER	U.S. ARME	D FORCES? AR OR DATES)		SECURITY NO. 4-2694	ORENE DUNMO	ORE, 9	30 Ray		HYATTSV	'ILLE,M	D
	1	18. CAUSE OF DEAT PART I. DEATH W	H (Enter anly of /AS CAUSED B	Y:	er line for to, (b), and (c).)			ce	1	BETWEEN 2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		Canditions, if any	, which		AS ACONS	MOUENCE OF	metalon	sis f	n		2	nmth	1
		cause (a), statir underlying cause	ng the	DUE TO, OF	AS A CONS	EQUENCE OF	with	Sto	Stre Dr 24				
	NO	PART 2. OTHER SIGI	NIFICANT COM	nditions <u>cc</u>	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			ERMINAL DIS	SEASE OR COND	EN IN PART 1	a i		
1	CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDI	TION FOR W	HICH OPERATION	N WAS PERFORMED 20€ AUTOPSY YES □ NO			IN CERTIFYING CAUSES OF DEATH			
1		21a. ACCIDENT WAS UNI OR CONTRIBUTING  (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME OF HOUR A.A	A. MONTH	DAY YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJU			IN ITEM 18, P	PART 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCUR	HILE [	21e. PLACE C	OF INJURY EET, FACTORY, OI				CITY OR TOWN COUNTY STATE				
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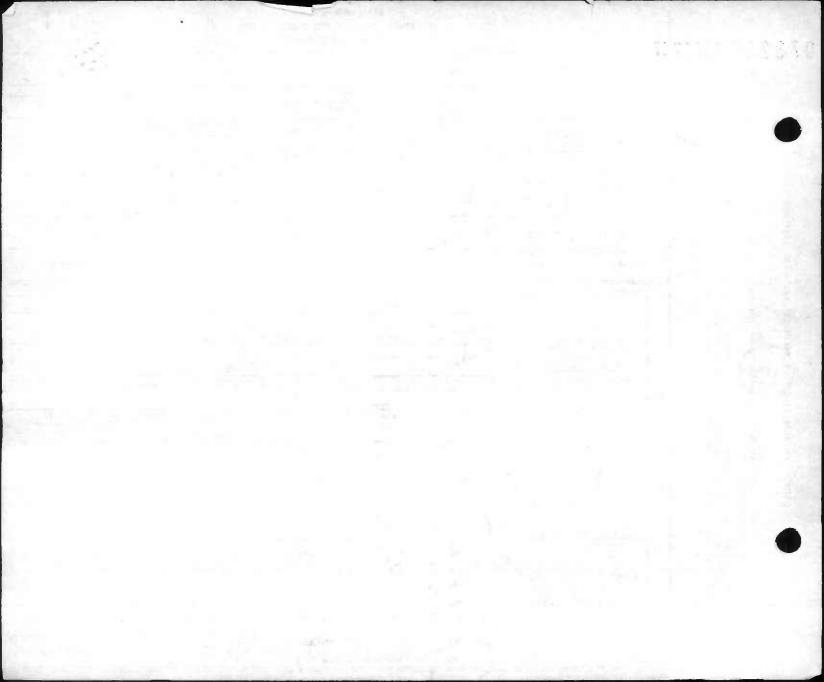
TO FUNERAL DIRECTOR, After should be deteched for use as with the State Dept. of Health eroined by the hospitol or

TO HOSPITAL OR ATTENDING PHYSICIAN, The

and Mental Hygiene prior to berial, cremation.

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GREENE FUNERAL HOME, INC. 814 APPRANKLIN STREET ALEXANDRIA, VIRGINIA 22314 NOV 2 0 1987



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DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH 2b. HOUR н. EARLY 27 87 11 4:35A M & AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR 5. DATE OF BIRTH 17 08 05 70 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED PRINCE GEORGE'S USA DIVORCED [ WIDOWED 12b. KIND OF BUSINESS OR 12ª USUAL OCCUPATION LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker Own Home Forestville 13. STREET ADDRESS / ZIP CODE Pike 20747 15 MOTHER'S MAIDEN NAME MIDOLE Hendrick Ethel ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT Charles C Early Same as #13 579-10-4335 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

3 SEX 4 RACE FEMALE WHITE 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? Washington DC CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET AGDRESS) PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION r George Maryland 14. FATHER'S NAME Hephurn Charles 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A\_CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NOD 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSEO (EATH HOUR A.M. MONTH DAY YEAR MEDICAL 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FALTORY 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive or and that in (my) (our) apinion death occurred an the date and hour and from the causes stated oboge, (I) (we) (did) (did not) view the body after death. SKGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS

Cedar Hill Cemetery

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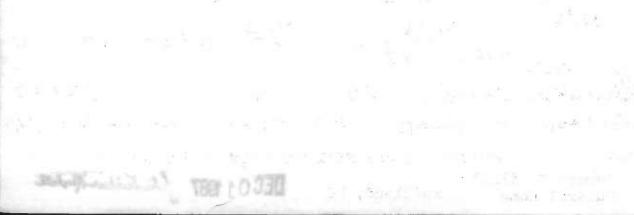
230 BURIAL, CREMATION, REMOVAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO THE OR PRINT 20 DATE KNOWN Helen OF UNERAL DIRECTOR.
FOR YOUR FILES.
WITH 172 HOURS
HESTON STREET, (2 race DEATH MATED 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 6-21-11 DEAD 76 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington, D.C. WIDOWED DIVORCED Prince Georges 10 CITY OR TOWN OF DEATH 20. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) Saleslady Retail Store Marlow Heights 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS 3940 Bexley Place. Pr. Georges Marlow Heights YES X Maryland NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Bone11 Edelen Ruby F. John 3101 Henry Ave. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 578-12-4609 Karen W. Amorose Temple Hills, Md. 18. CAUSE OF DEATH (Enter only one couse per the for (a), (b), and (c).) plerola catalio vascula discos BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HIEF MEDICAL EXAMINER ALON USED AS A BURIAL - TRANSIT PERM OF HEALTH AND MENTAL HYGIEN 11AL, CREMATION, OR REMOVAL IMMEDIATE CAUSE DUE TO, OR AS ACONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFFEE DEATH, WITH THE STATE DEFARME. 9 BALTIMORE, MARYLAND, 21201 FRIOR TO HUMINA YES NO \$ 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection \_\_\_\_ death resulted from: Notural couses Accident Homicide \_\_\_\_ Undetermined monner Deputy MEDICAL EXAMINER EXAMINER'S NAME Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD Augusto (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. 23c NAME OF CEMETERY OR CREMATORY P.G. Md ATATE Suitland Burial 11-21-87 Washington Nat'l. Cem. 07/B4 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** G.P. Kalas F.H. 6160 Oxon Hill Rd. Oxon Hill, Md. (VR A15 ME (5))

to dealer of your .

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 1. DECEASED NAME 20 DATE KNOWN X (TYPE OR PRINT) OF **ESTI** DEATH MATED Steven Michael **Edwards** 87 19 DATE OF BIRTH IF UNDER 1 YR 4 RACE IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY :40 CESSARY, Aug 30, 1968 19 10 87 Male Caucasian DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDXIX Cheverly Maryland U.S.A. Prince George's County 10 IN CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Carpet Installer Home Improvem 4107 Henson Lane Temple Hills | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | Grove Drive 20746 13b. COUNTY Morningside Maryland P. G. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Lois Stanley R. **Edwards** Sharon Newman 17. INFORMANT ADDRESS 678 Bruce Rd. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO LYES NO OPTINKNOWN) 212-98-1464 Stanley R. Edwards Mechanicsville Md No DIVISI 20659 KIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BE USED AS A BURIAL - TRANSIT PERMIT.
NI OF HEALTH AND MENTAL HYGIENE, D
BURIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head (handoun) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d. CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO THE WORD "
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PRIOR TO BURIAL YES 🔯 NO [ 21g. EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR \* MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 10+ P.M. 19 87 Subject shot 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEE BALTIMORE, MARYLAND, 21201 PR WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC. CITY OR TOWN 4107 Henson Lane, Temple Hills, P.G. Co. MD. house geral the remains described of ave, held an 22a. I certify that I tool Autopsy Inspection and in my apinian Hamicide X death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL 11/9/87 Assistant SYGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT ADDRESS 23d LOCATION 230 BURIAL CREMATION REMOVAL 23h DATE 236 NAME OF CEMETERY OR CREMATORY Burial 11-12-87 Resurrection Cemetery Clinton Prince George's Md. 07/84 NOV 1 2 1987 Julia District Render 25M 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. **DHMH** - 17 (VR A15 ME (5) 66 k3 Old Alexander Ferry Rd Clinton, Md 20735

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(VRA 15, 4) 6633

Alexander Ferry Rd Clinton,

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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LOU do	C TEGISTRAR		CEN	RTIFICATE OF DEATH	REG. N	0		
IUI 4VD	MCEASED NAME	FIRST Ellen	Virginia Sweer	ney Ewart	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR ≥ \$ 57
					11/25/8	7		3/1
3. S		4. RACE		ATE OF BIRTH	6 AGE (IN YEARS LAST BIR			HOURS
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14. F	ATHER'S NAME	WIDDEE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST	
	Ralph	Emerso		Frances	Anr		Taylor	
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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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1	10. CI	New York	U.S	WIDOWED XX	DIVORCED	Prince Geo		126 KIND OF BUSINESS			
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5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE	or other institution give resider INTY Ce George		E CITY LIMITS?	13e.STREET ADDRESS / ame as #11	ZIP CODE	20703			
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1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	WAR OR DATES)							
/	No 167-20-4879A Adrienne McGeehan same as #1										
		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OLAS ACO	ration pneum	ulcer			DARY I			
2	IFICATION	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OLAS ACO (c)  CONDITIONS CONTRIBUTE  TS Type OT	e decubitus  ING.TO DEATH BUT NOT RELA  dementia  R WHICH OPERATION WAS PER	ulcer	inal disease or concructive ja	20b. IF YES, WERE	E FINDINGS USED CAUSES OF DEATHS			
000	CERTIFICAT	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT ALZ NO IMMEDIATE OF OPERATION	DUE TO, OLAS ACCOUNT ION S CONDITIONS CONTRIBUTE TYPE OF CHOLEGO	e decubitus  ING TO DEATH BUT NOT RELA-  REMINISTRATION WAS PER  OLITHIAS IS	ulcer	inal disease or coni	20b. IF YES, WERE IN CERTIFYING ( YES []	E FINDINGS USED CAUSES OF DEATH!			
29	CERTIFICAT	gave rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT ATZNE IMMEDIATE OF OPERATION 10-16-87  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DILITOR OF CONTRIBUTING CAUSE OF DILITOR OF CONTRIBUTING OF CONTR	DUE TO, OLAS ACCOMPINION FOR CHOLE OCHO PHOUR A.M. MON P.M.	PRECUENCE OF THE PROPERTY OF T	TED TO THE TERM OUS TO	inal disease or concructive ja  206 autopsy?  YES \[ \text{NO} \]	20b. IF YES, WERE IN CERTIFYING ( YES []	E FINDINGS USED CAUSES OF DEATH! NO [			
27	MEDICAL CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT ATZNE IMMEDIATE OF OPERATION 10-16-87  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DISTRIBUTING CAUSE OF DISTRIBUTING OF COURTED	DUE TO, OLAS ACCOUNT IN THE TOTAL CONDITION FOR CHOLEGO	PRECUENCE OF THE ACT O	TED TO THE TERM OUST  RFORMED  VINJURY OCCURR  ATION REÉT	inal disease or concructive ja  206 autopsy?  YES \[ \text{NO} \]	20b. IF YES, WERE IN CERTIFYING ( YES	E FINDINGS USED CAUSES OF DEATH? NO []			
27	CERTIFICAT	gave rise ta immediate couse (a), stating the underlying cause last.  PART 2. OTHER SCRIFT CANT  190 DATE OF OPERATION  10-16-87  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTEY MEDICAL EXAMINI  210. INJURY OCCURRED  WHILE AT WORK AI WORK	DUE TO, OLAS ACCOUNTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR Choledoc  216. TIME OF INJURY HOUR A.M. MON P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTOR)	ING TO DEATH BUT NOT RELATED TO THE PROPERTY OF THE PROPERTY O	TED TO THE TERM OUST  RFORMED  VINJURY OCCURR  ATION REÉT	INAL DISEASE OR CONTROCTIVE JE  200 AUTOPSY?  YES NOTE NATURE OF INJURE	20b. IF YES, WERE IN CERTIFYING ( YES	E FINDINGS USED CAUSES OF DEATH? NO   PPART 7)  DUNIY STAT			
27	CERTIFICAT	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OXHER SIGNIFICANT  198 DATE OF OPERATION  10-16-87  710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (15 FITHER NOTIFY MEDICAL EXAMINI  71d. INJURY OCCURRED  WHILE AT WORK AT WORK  270.1 certify that (1) (this hose sow the deceased alive o above, (1) (we) (did 1 (did n))	DUE TO, OLAS ACCOUNT IONS CONTRIBUTE  CONDITIONS CONTRIBUTE  196. CONDITION FOR  Choledoc  Choledoc  216. TIME OF INJURY HOUR A.M. MON P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTOR)	PRECUENCE OF THE PROPERTY OF T	TED TO THE TERM OUST REFORMED  VINJURY OCCURR REET	INAL DISEASE OR CONTROCTIVE JE  200 AUTOPSY?  YES NOTE NATURE OF INJURE	20b. IF YES, WERE IN CERTIFYING ( YES  YIN ITEM 18 PART I OR  WAN  CO  3-87 19	E FINDINGS USED CAUSES OF DEATH!  NO  DUNITY STAIL  That (I) (we ram the causes state			
29	CERTIFICAT	gave rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SCRIFT CANT  19a DATE OF OPERATION  10 -16 -87  71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (1F EITHER NOTEY MEDICAL EXAMINI  71d. INJURY OCCURRED  WALLE AT WORK AT WORK  72a.1 certify that (1) (this hose saw the deceased alive o	DUE TO, OLAS ACCOMPITIONS CONTRIBUTE  19b. CONDITIONS CONTRIBUTE  19b. CONDITION FOR Choledoc  19b. CON	PRECUENCE OF THE MULTINOT RELATED TO DEATH BUT, NOT RELATED TO THE MULTINOT RE	TED TO THE TERM OUST REFORMED  VINJURY OCCURR REET	INAL DISEASE OR CONICUCTIVE JS  200 AUTOPSY?  YES NOS  CITY OR TO:  NOV-18  death accurred on the do	206. IF YES, WERE IN CERTIFYING CONTROL OF YES TO THE MEDITAL OF T	E FINDINGS USED CAUSES OF DEATH? NO  DUNITY STATE  , that (I) (we)			
29	CERTIFICAT	gave rise ta immediate cause (a), stating the underlying cause lost.  PART 2. OXHER SIGNIFICANT  190 DATE OF OPERATION  10-16-87  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN)  71d. INJURY OCCURRED  WMILE AL WORK ALL WORK  270.1 certify that (1) (this hose sow the deceased alive o above, (1) (we) (did) (did in)  272b. SIGNATURE	DUE TO, OLAS ACCOMPITIONS CONTRIBUTE  19b. CONDITIONS CONTRIBUTE  19b. CONDITION FOR Choledoc  21b. TIME OF INJURY HOUR A.M. MON P.M.  21e. PLACE OF INJURY (AT MOME. STREET, FACTOR)  101. Point Olar 22 hr. 8 70 see	PRECUENCE OF THE ACT O	TED TO THE TERM OUST  REFORMED  VINJURY OCCURE  ATION REET  May (our) apinion of Physician of Ph	INAL DISEASE OR CONICUCTIVE JS  200 AUTOPSY?  YES NOS  CITY OR TO:  NOV-18  death accurred on the do	20b. IF YES, WERE IN CERTIFYING ( YES  YES  YEN ITEM 18 PART I OR  WAY (O)  3-87 19 19 19 19 19 19 19 19 19 19 19 19 19	E FINDINGS USED CAUSES OF DEATH?  NO DEATH?  DUNITY STAT  , that (II (we) ram the causes state.			
<u>2</u> 9	MEDICAL CERTIFICAT	gave rise ta immediate cause (a), stating the underlying cause lost.  PART 2. OXHER SIGNIFICANT  190 DATE OF OPERATION  10-16-87  210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN)  71d. INJURY OCCURRED  WMILE AL WORK ALL WORK  270.1 certify that (1) (this hose sow the deceased alive o above, (1) (we) (did) (did in)  272b. SIGNATURE	DUE TO, OT AS A COLOR (c)  CONDITIONS CONTRIBUTE  TS TYPE OF  196. CONDITION FOR  Choledoc  216. TIME OF INJURY HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTOR)  OR PRINTI)  OR PRINTI)  Atheus, M.	PRECUENCE OF ITS CONTROL OF ITS CONT	TED TO THE TERM OUST  REFORMED  VINJURY OCCURR  ATION REET  ATTENDING PHYSICIAN RESS  18 Geor	INAL DISEASE OR CONICIONE TUCTIVE JS 200 AUTOPSY?  YES NOST NOTED (ENTER NATURE OF INJURE OF INJ	TOB. IF YES, WERE IN CERTIFYING OF YES TO YE	E FINDINGS USED CAUSES OF DEATH?  NO			

O 7 2 8 6 C DE 25 27 SUSAN B. PALICITETTE

NOV 20th 1987

Cardle-respiratory arrest deptraction pneumonia & sepais

Large decubitus ulcer

Alzheimera type of dementia - Obstructive jaundice

10-16-87 cholodocolitaiseis

2891-00=2 CB-39-01

Roffiel A. Matheus, M.D.

Y8-81-voM =

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13018 Georgia Avenue, Wheston, Mi

#### STATE OF MARYLAND

					19
EPARTMENT	OFH	EALTH	AND	MENTAL	HYGIENE
CE	RTIF	ICATI	OF.	DEATH	

07	1808 NO	18	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	o.	Sal	
	ge 3 eath		CEASED NAME FIRST	YRTLE	MIDDLE	i	AY	20 DATE OF DEATH	// 8,	87	26 HONR
3	ge 4 may ector paç irs after de	3. SE	Female	4 RACE Wh	ite	S. CLATE C	Y 9 93	6 AGE (IN YEARS LAST BIR	YRS MON		IF UNDER 24 HRS
0	uneral dir bin 72 hou	N	RTHPLACE (STATE OR FOREIGN COUNTRY) CW Zealand	Unit	of what country? ed States	WIDOWE		Prince Ge	orge's	Count	
E 784	by the fu	H	TY OR TOWN OF DEATH	(IF DOT II	RROLL MA	WOR.	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST C Clerk	Insur.		
AND 213	filled in fould be	13a.	aryland Pi	ounty ince Ge	13r. CITY OR TOW	E ADMISSION) (N	13d INSIDE CITY LIMITS? YES NO	13131 12th		/2071	.5
MARYL	ed within	14_ F/	Michael	WIDDLE	Lamb	ert	15. MOTHER'S MAID. NA	MIDDLE		SAL	oway
BALTIMORE	n and ce Pages 1		WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IFY	S. GIVE WAR OR DATE			John F. Faj	12425 Lan Bowie, Ma	ham-Sev ryland	rern R 20715	d.
	physicia physicia inpapers emaval.		18 CAUSE OF DEATH (Ent PART I. DEATH WAS C.)	er only one couse NUSED BY: DIATE CAUSE (o	per line for (a), (b) an	ARE	Failur	4		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
SION OF VITAL RECORDS, 201 W. PRESTON ST	hat the death cer by the attending ase remove carbo at, cremation, or re rather traumatic		Canditians, if any, which gave rise to immedia cause (a), stating the underlying cause last	DUE TO	D, OR AS A CONSEOU	/	Friture Stry De	Ma		104	ears
RDS, 20	n signed Then ple to buric	N N	PART 2 OTHER SIGNIFICA	NT CONDITION	S CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN	IN PART 110	a
AL RECO	on. has been to permit. tene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CC	ndition for which	OPERATIO	n was performed	200 AUTOPSY? YES NO 🛣	206: IF YES, W IN CERTIFYIN YES [	NG CAUSES	
OF VITA	GCIAN: TI g physicit ertificate rial-transi ental Hygi tem 18 sh	0.0	71a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIEY MEDICAL EXA	DE DEATH HOUR	AE OF INJURY R. A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
SION	this c the bur nd Me	MEDICAL	21d INJURY OCCURRED	(AT HOM	ACE OF INJURY SE. STREET, FACTORY, OFFICE,	EARM ETC )	211 LOCATION STREET	CITY OR TO	) WN	COUNTY	STATE

21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.) NOT WHILE

220.1 certify that (I) (this haspital) attended the deceased from

STREET

CITY OR TOWN COUNTY STATE

saw the deceased alive an obove, ar (we) (did) (d DEGREE 226. SIGNATURE

ATTENDING MEDICAL PHYSICIAN PRECTOR

(aur) apinion death accurred an the date and have and fram the causes stated

236 DATE

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery Nov.11,1987

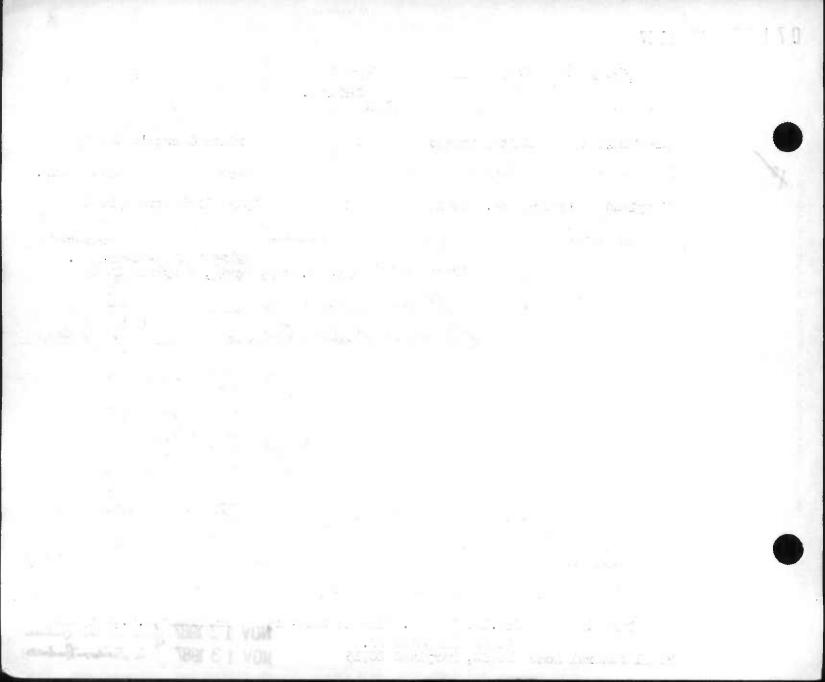
BP. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

MPORTANT: If them 21 is marked

(VRA 15, 4)

Beall Funeral Home

16000 Annapolis Rd. Bowie, Maryland 20715



Funeral Home

Maryland

in Divideon Pandalls

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 5 Film G633 11-23-87 SB

24 FUNERAL DIRECTO Dert

Suitland

DHMH - 16 60M 7/84

(VRA 15, 4)

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

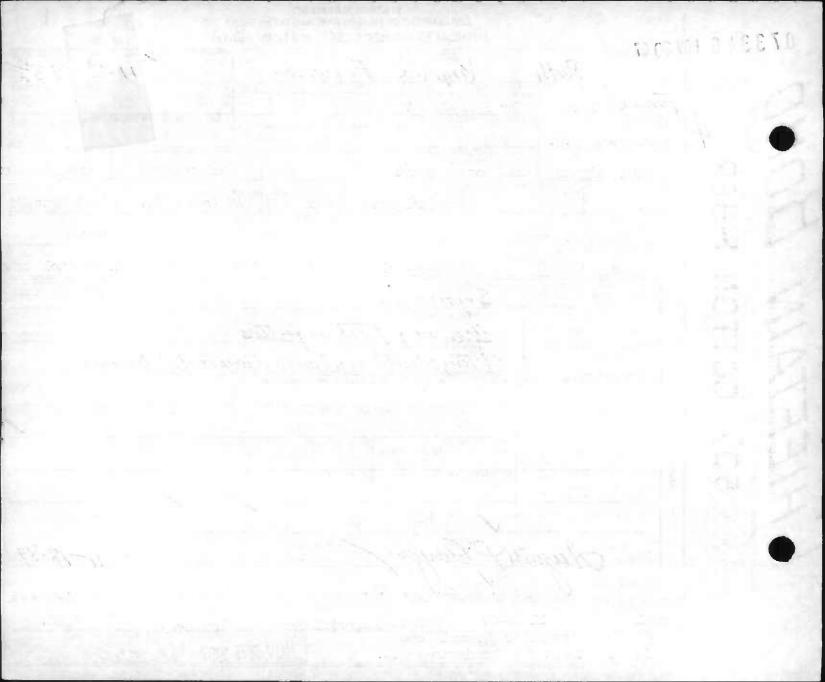
3

9	87-	, REGISTRAR						CERTIFICATE OF DEATH REG. NO.							
		CEASED NAME OR PRINT)	GEORG		WIDDLE	FE	NWICK	LAST		20. DATE OF DEATH	11-0	3-87	26 HOU 8.0		
	3. SE	X		4. RACE			5. DATE O			6 AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS	
	N en	Male	100	Blac	k		Feb		2	75	YRS	MONTHS DATS	HOURS	mus.	
5	7a. BII	RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT CO	DUNTRY?		DIVORCE		PRINCE GEO		MD.			
7		TY OR TOWN OF DEA	ATH	11. NAME OF			WIDOWED DIVORCED 120 USUAL OCCUPATION					12b. KIND O	F BUSINE		
1	- 10	HEVERLY	EINIC MOME OR				MEDICAL CENTER Retired-					-Custodian			
1	Ma	aryland	13b. COUN P.G	ITY	13c. CITY	ORTOW				13e.STREET ADDRESS 915 Mir			17	13	
2	()	Theodore Fenwick						15. MOTHER'S MAIL FIRST  Mamie		WIDDLE		Bro			
1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS														
		no 577 12 2507 Marion V. Fenwick-wife-													
		18 CAUSE OF DEAT PART I. DEATH W	VAS CAUSE	ly ane cause per D BY: E CAUSE (a)	line for to	Confeature Heart Tail					aights, Marylan			DEATH_	
		Canditions, if ony gave rise to im- couse (o), stotic underlying cause	mediote ng the	0	ONSEQUE ONSEQUE	10-4	Arreny	) (	score		70	7~4			
	NOI	PART 2 OTHER SIGI	NIFICANT C	ONTRIBUT			NOT RELATED TO THE		INAL DISEASE OR COL			illit	uo		
7	CERTIFIC ATION	190 DATE OF OPERA	TION	196 COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED					200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT  YES NO YES NO				TH?	
1		210. ACCIDENT WAS UNI OR CONTRIBUTING  {IF EITHER, NOTIFY MEDI	CAUSE OF DEA	TH HOUR A.			AY YEAR		OCCURR /	ED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)			
	MEDICAL	214 INJURY OCCUR	HILE	21e. PLACE (AT HOME, STI			ARM, ETC )	211 LOCATION STREET	-0.00	CITY OR I	OWN	COUNTY	5	STATE	
		22a.] certify that (1) sow the deceas above; (1)(we) (1)	ed alive on	11/3	7	19	<i>97</i>	nd that in (m) (our)	اور الم opinian o	, to	dote and ha	our and from the			
		226. SIGNATURE		24			m		CIAN E	DIRECTOR PHYS	AFF ICIAN 🗌	22c. DATE	SIGNED	7	
1 Den H. Yoblandwite, mp reabros							030		e14 K	a. Jui	re 1	0)			
		BURIAL, CREMATION,	, REMOVAL	23b. DATE		23c 1	NAME OF C	EMETERY OR CREM.	ATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE	
	Regialo Novo 7 1987 Mount Olivet Cemetery Washing							nington	D	.C.					
	24 FU	NAME OF THE COR	1 /1	- &	eus	Seine !		n n Dood	NOV	e rec'd. by registra 1 8 1987	Conta	Deciden-	Canda	L/L	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REG. NO 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-4. RACE IF UNDER 1 YR 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED emak DEAD Black Nov 19,1907 79 19 7b. CITIZEN OF WHAT COUNTRY To. BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA WIDOWED Y Washington, D.C. DIVORCED 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Packer (Ret) Organizatio 248 Possum Court Capitol Heights ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 248 Possum Ct. Capitol Hgts, Md PG Capitol Hgts YES X Md NO 🗍 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Morris James W. Morris Mary 17. INFORMANT Ing. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 577-58-6019 Doris Frazier; 248 Possum Ct., Capitol Hgts no APPROXIMATE WORVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) HIEF MEDICAL EXAMINER ALCING VINED AS A BURIAL - TRANSIT PEMIL OF HEALTH AND MENTAL HYGIENE IR PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-- cardevar cular disease lying cause lost. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? ARDED TO THE CHIEF A AGE 3 SHOULD BE USED. ATE DEPARTMENT OF HE 1201 PRIOR TO BURIAL. 20. AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH THE SIT BALLEMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Homicide \_\_\_\_\_\_ Natural causes death resulted from: Accident Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriviez, M.D. ADDRES 5009 Rayburn Ct , Temple Hills, MD (TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE Md. Burial 11-23-87 Harmony Memorial Park Landover PEGISTRAR [256 REGISTRAR'S SIGNATURE 07/84 24 FUNERAL DIRECTOR Marshall's Funeral Home 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** NOV 25 9th Street NW: Washington, D.C. (VR A15 ME (5))



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 3 3 2 9 2

			REGISTRAR		MEDI	CAL EXAMIN	ER'S CERT	TIFICATE C	F DEATH	REG. N	١٥.	
88	3 NOV 16	87E	CEASED NAME	FIRST	M	DDLE	LAST		20 DAT	E KNOWN	_	Y YEAR 26 HOU
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	RECTOR R FILES HOUR STREET	3. SEX	4. RACE	S. DATE	OF BIRTH	YEAR LAST BIRTHD					MONTH DA	Y YEAR 24 HOU
	DIRECTOR STATE	1	n Wh	ite 5	1476	YEAR LAST BIRTHDA		PAYS HOURS	MIN PRONC		VIVII.	1057
	A SE SE		RTHPLACE (STATE OR	7b. CITIZ	EN OF WHAT	COUNTRY?	8. MAPPIED	NEVER MARR	IED X 9. BALT	IMORE CITY	OR COUNTY OF	DEATH
	N N N N N N N N N N N N N N N N N N N		shington, D	.c. U.	S.A.		WIDOWED (			MINGO	- Cesi	VOT-A MI
	2 H H H H		TY OR TOWN OF DEAT		E OF HOSPIT	AL, NURSING HOME	OR OTHER IN	STITUTION	120 USUAL OCC	UPATION (T	YPE OF WORK 12h	KIND OF BUSINESS OK INDUSTRY
	APAETU.	No	1/orrall	ton ?	2161	RIVENC	Sale	17-1 3	Self Emp	Loyed	Sto	re Manager
- 10	28/438	USUA 13a. S		NG HOME OR OTHER INS	STITUTION, GIVE RE	SIDENCE BEFORE ADMISSIO		NSIDE CITY LIMITS?	13e SIREET ADD	DECC		20744
21201	The second		Md R.	ince fre	PIRCIT	Lashi	YE.		67/00	200/0	ton	Lane
MD.	H. KING A	14. FA	ATHER'S NAME	MIDDLE	J	LAST	15. A	AOTHER'S MAIDE	EN NAME	MIDDLE		LAST
RE,	Z S Z Z		Michael	C.	I	issell		June		D.	Ва	ker
\$ 10	S S S S S S S S S S S S S S S S S S S	16a. V	VAS DECEASED EVER IN	U.S. ARMED FOR	CES? 1	66 SOCIAL SECURITY	'NO. 17. IN	NFORMANT		ADDRES	SS	_
A	TS SISTER		No	res, one was one.		77-02-912	8 Mi	chael C	. Fissel	L Ft. I	Eagleto Washingt	n Lane
an .	587		18 CAUSE OF DEATH	(Enter only one cou	se per line for	(o), (b), ond (c).)		1	,			APPROXIMATE INTERVAL
Z	AL.		PARTIDEATH WAS	S CAUSED BY: MMEDIATE CAUSE	(0)_	wash	at 6	Jours	nd or	Ha	21	TWEEN ONSEL AND DEATH
PRESTON	N ALCO					A CONSEQUENCE O	)F					
84	LER AL AER AL ANSIT AL HYC REMO		Conditions, if on gove rise to in		(b)							
×	AMIN OR OR		couse (o) stating the lying couse lost.	ne under-	JE TO, OR AS	A CONSEQUENCE C	)F					
. 201	ON SAN SAN SAN SAN SAN SAN SAN SAN SAN SA				(c)							0030
RECORDS,	DING DICAL DICAL TH AN		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CO	INDITION GIVEN IN PA	RT 1 a.			
0	AS A	0 N	NOA	2					100			
	A HE BE	CERTIFICATION	190 DATE OF OPERAT	ON 19	CONDITION	N FOR WHICH OPER.	ATION WAS PE	RFORMED?			20	AUTOPSY?
DIVISION OF VITAL	SH CHEST	1 1	1 15. m	2								YES NO.
Ö	A HE HE WAS A HE WAS		210 EXTERNAL CAUSE			JURY ONTH DAY YEAR	21c HOW IN	JURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 1	8 PART 1 OR PART 2)	
O	PED DE S	S	CONTRIBUTING	USE OF DEATH	P.M.	1/ 1/ 198	1 01	51 6	2/4			
IVIS	CER 3 S DED	MEDICAL	WHILE DOT W		PLACE OF I		21f LOCATIO	ON .	CITY OR	TOWN	COUNTY	STATE
۵	WR WAR WAG		AT WORK AT WO	RK RK	arkin	g 45+	KINCHS	2/cR1/V	LAN (3110	Mton	Princelis	-orges Me
	ATE, ORV JES, F		22a I certify that I to	ook charge of the re	emoins describ	ed obove, held on	Autopsy	Inspectio	n 🙋 , Inqui	y	and in my opinion	0 ,
	MIN PER PER PER PER PER PER PER PER PER PER		death resulted from:	Notural causes	. Ac	cident, Sui	cide 🔀	Homicide .	Undetermined	monner		
	DIE WILL		ACTUAL	20	ot		TI	ITLE (SPECIFY)			6 .	
	SHOUL SHOULD SHO		ACTUAL SIGNATURE	1	7/	agar	M.D.	Jug.	MEDICAL EX	AMINER	SIGNED	1111907
	ML 4 THY		EXAMINER'S NAME			0	/					1
	TO ME PAGE TO FU		(TYPE OR PRINT)				ADDR					
	E M & E < 6	(5	JRIAL, CREMATION, REA		4.107	23c. NAME OF CEA			23d. LOCATION	1	D C COUNTY	STATE
07/84 25M	BP	_	urial JNERAL DIRECTOR	11/1		Resurrect			Clinto		P.G. M.	laryland
	DHMH - 17		NAME			Oxon Hill		MOM	1 3 198	7 July		
	(VR A15 ME (5))	GE	orge P. Kal	as Funer	ar Home	e Oxon E	ill, Mo	1.	1 0 1001	0		

(VR A15 ME (5))

STATE OF MARYLAND

AND Sent House Complete

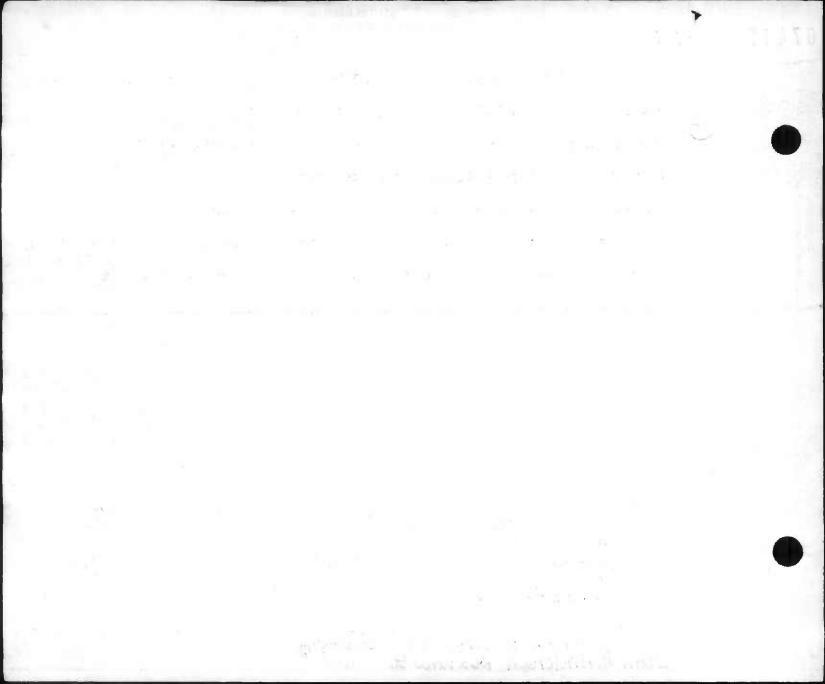
# STATE OF MARYLAND

DEDADTMENT OF HEALTH AND MENTAL HYGISHES

718	7 STATE REGISTRAR			DEPARI		ICATE OF DI		IENE ()	REG. N	0		Ti a		
	CEASED NAME	FIRST		MIDDLE	L/	451		2a. DATE OF	DEATH	MONTH	DAY	YEAR	26 HOU	R
1	ON TRIVETY	IRI	S ADEL	A·IDE	FL	ETCHER				11	23	87	1 45	PM
I SE	L.		4 RACE		5 DATE O			6 AGE (INY	EARS LAST BIR	THOAY}	MONTH	DER I YEAR	IF UNDER	24 HRS
FE	MALE		WHITE		монтн 09	10	15	72		YRS		IS DATS	HOURS	MIN.
7a BI	RTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF	WHAT COUNTRY	? 8	ALEVED W	400E0 []	9 BALTIMO	RE CITY Q		_	DEATH		
	rth Caro	lina	/ US	MARRIED NEVER MARRIED WIDOWED NORCED			PRINCE GEORGE'S						MD.	
1	ITY OR TOWN OF DE	ATH	(1F NOT IN SUC	NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY							
-	CHEVERLY AL RESIDENCE (IF NUR	ING HOME OF				I AL CEN	ITER	Secre	etar	Υ				
13a, 5	W.Va.	13h/COU		13c CITY OR TON Martins	WN	13d INSIDE CIT	Y LIMITS?	13e STREET A		ZIP CC	DE	99	1999	7
MEA	ITHER'S NAME		MIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	WE	M IQQI F			IAS	5.7	
1	George		.nam	Love (	(DEC)		nnie	Rebe					ne(D	EC)
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMAN	IT	•	ADDRE	SS				erSpq.
()	N o	(IF YES, GIV	WAR OR DATES	226-14-	- 3830	Pat St	range	r 204	Par	ksi	de :	Rd.	Mc	4
	18 CAUSE OF DEAT	H (Enter ar	ly ane cause per	•									MATE INTER	
	PART I. DEATH V	AS CAUSE	D BY:	rando	DA 0 . 0	100 Por	, an	exter						
	DUE TO, OR AS A CONSEQUENCE OF													
	Conditions, if any, which (b)													
	gave rise to immediate								$\rightarrow$					
	cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF													
	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONT PIRLITING TO	DEATH BUT	NOT BELATED	O THE TERM	IN AL DISEASE	- OR CON	DITION	CIVENIA	I DAPT 1		==
z	I THE CITY OF THE COLOR	THE REAL PROPERTY.	20110110110	STATE OF THE	DEMIN DOT	NOT RELATED	0 1112 121011	III AL DISEASI	011	DITION	DIVERY	1 000	u	
CERTIFICATION	19a DATE OF OPERA	TION	19b COND	ITION FOR WHIC	H OPERATION	N WAS PERFOR	MED	28a AUTO	PSY?				NGS USED	
꾶								YES 🗍	NO	IN CER	YES -		OF DEAT	
FR	710. ACCIDENT WAS UN	DERLYING [	7 21b. TIME C	F INJURY		21c HOW INJ	URY OCCURS			BY IN ITEM		,	NO L	)
	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH			0000	(England	10112 01 1110			511111111111111111111111111111111111111		
MEDICAL	116 INJURY OCCUR		21e PLACE	M.	19	211 LOCATIO	N				-			
A SE		HILE		REET FACTORY OFFICE	FARM, ETC )	STREET			CITY OR TO	WN	(	COUNTY	51	TATE
	AT WORK — AT WO	JH K			11/2	7.7	E	, ,	1/2 3			20		
	220.1 certify that (I saw the decease		11/	e deceased from	D. 3	id that in (my) (	., 19 <u></u>	teath accurre	d on the d	eto and l	19_		that (1) (v	
	abave, (1) (we) (	did) (did no	it view he body	after death.	y di		aor, apinian c	deam accorner	d pit the di	are and i				red
	226. SIGNATURE	mel	1		Į.	MD AT	TENDING HYSICIAN	MEDICAL DIRECTOR	STA	FF IAN []		TE. DATE	SIGNED 4/8	7
1	224 PHYSICIAN SN	AME (TYPE	OR PRINT)			22e ADDRESS					0.00.00	/	-/	
L	UH.	GHO	SH M	b		6510	KENILW	OKTHA	VE, R	IVER	DALL	10/2	073	7
	BURIAL, CREMATION	REMOVAL	23b DATE	230	NAME OF C	EMETERY OR C	REMATORY	23d LOCA	OR TOWN		co	UNTY	-5	TATE
	Burial				Greer	тшау		Berk	elev	/ Sr	no.M	orga	an W	
24 Ft	UNERAL DIRECTOR	tunt	er-And	erson F		serkeley.	Po 25a DAT	E REC'D. BY R	EGISTRAR	256 REC	STRAR	SSIGNAT	TURE	
	John H. F	nde		XS. Merce		W.V.	SOLU	O 1 196	)/	ALL LOD	Marga	ur. Ka	Print among	
200														

DHMH - 16 60M 7/84

(VRA 15, 4)



MPORTANT, If Nem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

	FOR
-	STATE
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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REC	NO.

	REGISTRAR				REG. NO.		
	ECEASED NAME F#51	7 MODE	LAST	Za DAT	TE OF DEATH MONTH	DAY YEAR	26 HOUR
	Arthur	Trancis	FOLGER			987	6:06PM
1.5	Male	7 Rite	MONTH 29-	190'8" AGE	79 YE	WUNDER FREAK MUNITER BASS RS.	# Under 73 Fas.
70.1	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER	MARRIED U	IMORE CITY OR COU	NTY OF DEATH	
10,	MTY OR TOWN OF DEATH	IA NAME OF HOSPITAL NURSI	I WIDOWED D	TITUTION 171 US	UAL OCCUPATION	1 12 KIND C	AD, DF BUSINESS OR
J	anham	Pris Hargital-	Jankam "	ML. mai	ntoreuce Se	at. There	el Couler,
1	STATE PROPERTY PROPERTY OF THE	Les 6 adelp	TO YES	NO X 134 STR	000 adelph	CPL.PG	60 ml
No.	arthur F.	Folger	D. Edit	Mace	"Ex	speel"	5.0
lån.		MED FORCES? 146 SOCIAL SEC	4-4639 DE	rothy 6	Folger,	(13e	.)
z	Conditions of any which gave rise to immediate cause (a), stating the underlying cause last	DUE TO GRAS A CONSEQUENCE ON DITIONS CONTRIBUTING TO	ery H	Herson Dito the terminal dis	locais SEASE OR CONDITION	GIVEN IN PART 1	a.
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFO	DRMED 200 YES		FYES, WERE FINDI	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA				TER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATI		CITY OR TOWN	COUNTY	STATE
	1 1 1 1 1 1	tal) attended the deceased from	/	, 190, to , to ) (aur) appnian death ac	curred an the date and		that (I) (we) last causes stated
4	77K SIG-LATURE	-1/n.	DEGREE	Tal De	ologia	17x. DATE	15/87
	Monira Rifaa		27e. ADDRE	ss Goodluck Rd	. Lanham.	Md. 2070	06
73a	BURIAL, CREMATION REMOVAL		BUN 6		Faurel	-94.	90
1.71	And the second s	and a second				-	Consultation of the last of th

7: C- 11 12 1 Server O Turner Tanbon Postle tol Jealem He martine de land to your time the for addate - x 3000 addate R. F. El W. W. Without F. Things God Tolling Excepted: Letters and Holes later Klein First Commence Byoth reight -Constitute The Mile Start Constituted Way of 1887

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FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

KLOIST	NAN.					REG. NO	).		
EASED N	AME FIRST		MIDDLE		LAST	20. DATE OF DEATH	HTHOM	DAY YEAR	26 HOUR
(זמואין אט די די די	Doroth	ıy Mae	E C	RTUN	F	November	19	1987	5:10 A
SEX	DOTOCI	4. RACE	E FC	5. DATE (		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEA	
-				MONT	H DAY YEAR			MONTHS DAYS	HOURS MI
Foma	STATE OR FOREIGN	Blac		4	14 1939	48	YRS.	V OF BEATH	
COUNTRY)	STATE OR FOREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNT	YOFDEATH	
	rgia	U.S.	A.	WIDOW	ED DIVORCED	Prince G	eor	ne	,
	WN OF DEATH		HOSPITAL, NURSING		DROTHER INSTITUTION	12a USUAL OCCUPATION	)N	* 176 KIND	OF BUSINESS C
Lanha	ım	Doctor	rs Hospi	tal		Nurse	W CARINO	P	rivate
SUAL RESIDE	NCE (IF NURSING HOME O							97	30%
Md.	136 COU		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /			120
FATHER'S N		G	Landove:	r	YES X NO 1	2314 Mat	tnev	v Hens	on Ave
FIL	RST	WIDDLE	LAST		FIRST	MIDDLE			AST
	ert		Fourth		Annie	Ε.		Hu	dson
WAS DECE	ASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDRE	55		P.0
No.	N/		257-48-61	64	Robert Fortu	ne/2314 Math	ew H	enson A	ve
18 CAUS	E OF DEATH (Enter o	nly one couse per	line for (o), (b), and	(C1.1				BETWEE	XIMATE INTERVAL
19a. DATE	OF OPERATION	196 COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YI	ES, WERE FIND	INGS USED
RTIFIC		El vah				YES NO	١	IFYING CAUSE (ES []	NO 🗌
00.00.00	DENT WAS UNDERLYING	110110 4	FINJURY M. MONTH DAY	YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJUR	r IN ITEM 18	PART I OR PART 2)	
	RIBUTING CAUSE OF DE	Atte		19					
21d INJU	JRY OCCURRED	21e. PLACE			211 LOCATION	CITY OR TOY	/N	COUNTY	STATE
WHILE AT WORK	NOT WHILE	(AT HOME, STE	REET, FACTORY, OFFICE, FAR	(M, ETC.)	1	-			J. A10
	tify that (1) (this hasp	ottal) attended th	deceased from		10 19	37 10 1118		19.87	, that (I) (we) le
saw	the deceased alive ar		17/ 19	92.0	nd that in (my) (aur) apinion	death accurred an the da	te and ho	our and from th	
226 SIGT	ve, (1) (we) (did) (did no	at) view the bady	ofter death.		DEGREE				ESIGNED
220 20101	hand he	11116	106.	(1	ATTENDING	MEDICAL STAF	F	L	11912
					PHYSICIAN	DIRECTOR PHYSIC	AN	,,,	11111
1274 PHY	Maran	0.100						_	
IN	SICIAN'S NAME (TYPE)	OR PRINT) WILLY	7625 6	XU	22e ADDRESS	Owe &	eer	delt	TK7 20
	SICIAN'S NAME (TYPE)  MUYYM 0  REMATION, REMOVAL	OR PRINTIPLE OF PR	7625 °	ME OF C	222e ADDRESS  LEWY CO  CEMETERY OR CREMATORY	Owe S	ler	belt	147 50.
(SPECIFY) _	SICIAN'S NAME (TYPE MUYUM O REMATION, REMOVAL BURIAL	OR PRINT)  1 236. DATE  11-24-			enway Cr	CITY OR TOWN	Pr.	GEO.,	Maryla
(SPECIFY)	Burial				EMETERY OR CREMATORY	k Landover,	Sh REGIS	TRAR'S SIGNA	JORE 0
(SPECIFY)	Burial	11-24-	87 Harn	nony	EMETERY OR CREMATORY Memorial Par	k Landover,	Sh REGIS	,	JORE 0

DHMH - 16 60M 7/1 (VRA 15, 4)

ned by the hospital or

TO HOSPITAL

MPORTANT: If hem 21 is marked or hers. 18 shaws any injury, or other troum TO FUNERAL DRECTOR, After this certificate has been signed by the should be detached to; use or the burief-integral permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to burief, one

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•	r death. Page 4 may be	a be filed within 72 hours ofter death	d of age
DRE, MARYLAND 21201	frin 24 hours offe	d Calleren lled is by the	55
V, PRESTON ST., BALTIMO	the death certificate be ex	the ottending physical increases corbonpopt the remotion, or removal	her troumotic event, the med
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exercised within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician should be detached for use as the buriol-transit permit. Then please remove carbonpopers with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal	IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other traumotic event, the me
DIVISION	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retoined by the hospitol or ottending physicion.	AL DIRECTOR. After this ce etoched for use as the burn te Dept. of Health and Mei	i: If Hem 21 is morked or In
	TO HOSPITA	TO FUNERA should be di with the Stor	IMPORTAN

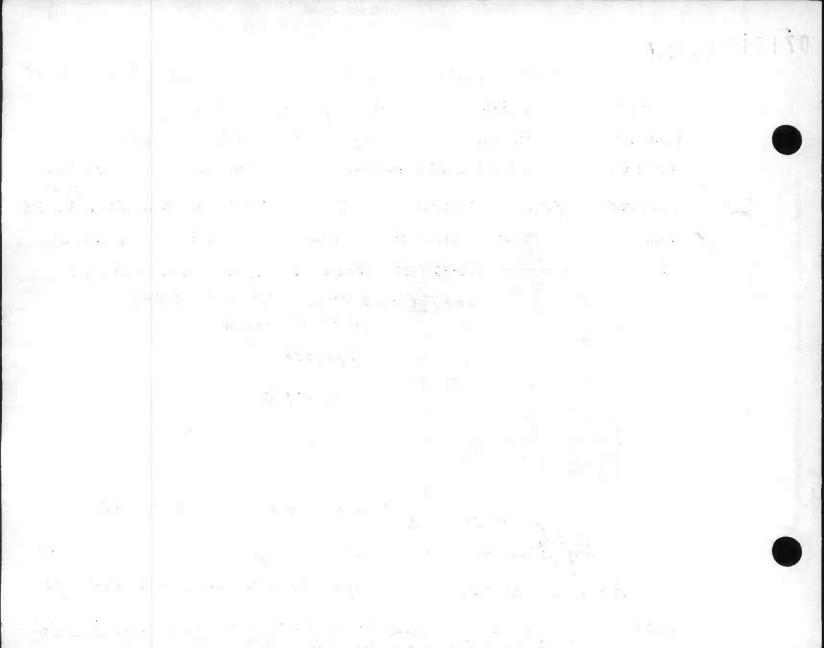
BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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# STATE OF MARYLAND HEALTH AND MENTAL HYCLENES

ı		STATE SEGISTRAR		DEPARTM		ICATE OF DEATH		REG. N	10			
1		LASED NAME FIRST		AIDDLE	Į.	AST		20 DATE OF DEATH		DAY YEAR	2b. HOUR	
	(ITPE	NOR	A E	stelle		Fox			11 /	7 87	1150m	
1	3 SEX	Market Control of the	L RACE		5 DATE C	OF BIRTH YEAR	. 6	AGE IN YEARS LAST B	RTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS	
)		emale	₩hite		~24	17 0	5	82	YRS			
f	- 0	OUNTRY		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9	BALTIMORE CITY				
		nessee	U.S.A	-	WIDOWE			Prince			MD.	
	Riv	verdale	Lefand	Wemorial'	Hosp	ital	2	THE DE WORK FOR MOST		PE) INDUSTRY OWN	Home	
7	13a S	TATE 136 COUNT  P.G	Y	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Beltsville	N	13d INSIDE CITY LIMIT		36.STREET ADDRESS 0405 46th		_	20705 B, #102	
	14. FA	THER'S NAME	rom's	LAST		15 MOTHER'S MAIDE						
1	Jol	hn ĺ	Kibee	Shanne	on	Nora		Lee		Ro	ane	
1	16a W	AS DECEASED EVER IN U.S. ARM	NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDF	ESS			
1	No	(IF YES GIVE		78-26-80	70	Joseph A.	Fox	, Son, Sa	me as	line #	13	
1		18 CAUSE OF DEATH (Enter only		line for (a), (b), one	115	= 0041		F10 - 1	CUD!	APPROX BETWEEN	ONSET AND DEATH	
1	ı	PART I. DEATH WAS CAUSED IMMEDIATE		LEFT C	ER	EBRAL	1N	FARCT (	CUA	)		
ı			DUE TO, OI	R AS A CONSEQUE	NCE OF	WIH C	OM	MA				
		Conditions, if ony, which (b)										
1		couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF DE DUM										
			( (c)			Citt' -						
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	onditions <u>cc</u>	ONTRIBUTING TO D	<u>EATH</u> BUT	NOT RELATED TO THE	PD	AL DISEASE OR COM				
	ICAT	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20e AUTOPSY?	20b. IF YES	S, WERE FINDI FYING CAUSES	NGS USED OF DEATH?	
-	RTIF					101 1101/2011/101		YES NO		S 🗌	NO []	
3		210. ACCIDENT WAS UNDERLYING OF CONTRIBUTING TO CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY O	CCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18 P	PART   OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.,		19	21f LOCATION						
	MEE	WHILE NOT WHILE	21e PLACE	EET FACTORY, OFFICE, F	ARM, ETC J	STREET		CITY OR T	OWN	COUNTY	STATE	
		AT WORK AT WORK	5 - 110		a.	27	< 7		1.7.	87		
		22a.1 certify that (I) (this hospite sow the deceased alive or alice.	11.	7 19.8	7	nd that in (my) (our) op	oinion de	oth occurred on the	date and hou	ond from the		
		278 SIGNATURE	7			DEGREE ATTENDI	ING	MEDICAL STA	AFF		8-1987	
_		224 PHYSICIAN'S NAME LIVE OF	testa and	,		PHYSICIA 22e ADDRESS	IAN D	DIRECTOR PHYS	CIAN 🗌	1110	0 1307	
		ASIF S.	QAD	RI			ewy	IN House	RD	, 011%	Pre	
	- 0	URIAL, CREMATION, REMOVAL SPECIFY) I <b>rial</b>	23b. DATE 11-10-8			cemetery or cremate		23d LOCATION CITY OF TOWN	d P (	COUNTY	STATE	
		INERAL DIRECTOR Francis					a D	Brentwoo	R 256 REGIST	TRAR'S SIGNA	ryland	
		39 Baltimore Av					200	10 1001	U	And and a second by	~	
	7.7				171 201 1							



TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR 1 - STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

5 3

13.65	REGISTRAR		CERTII	FICATE OF DEAT		REG. NO	).		
1 1	ASED NAME FIRST	MIDDLE		LAST	1			DAY YEAR	2b. HOUR
	Marior	n Neidec	ker F	FRAZIER		November	10,	1987	6:47A
3. SEX		4 RACE	5. DATE (	OF BIRTH		AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS
Fem		White	Janu	ary 19, 19		71	YRS.		
COU	HPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8 MARRIE	ED NEVER MARRI	IED 7	BALTIMORE CITY OF	_		
	nois	U.S.A.	WIDOW	ED DIVORCE	ED 🗌	Prince G			Α.
La	or town of death  nham	11. NAME OF HOSPITA  (IF NOT IN SUCH FACILITY,  AMI DOCTORS	GIVE STREET ADDRESS) HOSPITAL	L OF PR. G		26 USUAL OCCUPATION BEAUTIC		Self-E	mploye
Mar Mar	ryland P.G		Y OR TOWN  Carrollto	ONES NO		36400 485th	Place	2078	1
2 14. FATH	Charles	MIDOLE Nei	decker	15. MOTHER'S MAIL Emma		MIDDLE		Graef	
	S DECEASED EVER IN U.S. AF , NO OR UNKNOWN) (IF YES, GI	WE WAR OR DAYER!	CIAL SECURITY NO. -01-4111	Warren F	. Fra	azier (Son)		rel, Md	
NOI.	Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT		OSPONOS ONSEQUENCE OF MING TO DEATH BUT	Kend		IAL DISEASE OR COND	20b. IF YES	ZEN IN PART 11	NGS USED
ch o	TO ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		Y ONTH DAY YEAR		OCCURRE	YES NO		PART ( OR PART 2)	NO 🗌
MEDICAL		ATH HOUR A.M. MC	DNTH DAY YEAR 19 RY		OCCURRE		Y IN ITEM TB F	-	STATE
WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF DE CIFER, NOTIFY MEDICAL EXAMINE INJURY OCCURRED  WHILE NOT WHILE TWORK  20.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (	HOUR A.M. MC P.M.  21e PLACE OF INJU (AT HOME, STREET, FACTO  Line of the decent	DNTH DAY YEAR  19 RY ORY, OFFICE, FARM, ETC.)  sed from	211 LOCATION STREET  3 / , 19. and that in (my) (our)	87	D (ENTER NATURE OF INJUR	VIN ITEM TB F	county  19	state that (I) (we) lo
WEDICAL 21	CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  IN INJURY OCCURRED  WHILE NOT WHILE AT WORK  70.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (1)  2b. SIGNATURE	HOUR A.M. MC P.M.  21e PLACE OF INJU (AT HOME, STREET, FACTO Me Gody after de	DNTH DAY YEAR  19 RY ORY, OFFICE, FARM, ETC.)  sed from	211 LOCATION STREET  3	opinion de	CITY OR TOV	vin ITEM 18 F	COUNTY	state that (I) (we) locauses stated
WEDICAL 27	OR CONTRIBUTING CAUSE OF DE CIFER, NOTIFY MEDICAL EXAMINE INJURY OCCURRED  WHILE NOT WHILE TWORK  20.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (	HOUR A.M. MC P.M.  21e PLACE OF INJU (AT HOME, STREET, FACTO Me Gody after de	DNTH DAY YEAR  19 RY ORY, OFFICE, FARM, ETC.)  sed from	211 LOCATION STREET  19. and that in (my) (our) DEGREE  ATTEN!	opinion de	CITY OR TOV	vin ITEM 18 F	county  19	state that (I) (we) locauses stated
23a. BUR (SPE	CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINE  IN INJURY OCCURRED  WHILE NOT WHILE AT WORK  70.1 certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (1)  2b. SIGNATURE	P.M.  21e PLACE OF INJU (ATHOME, STREET, FACTO  PROMIT)  23b. DATE  11/12/87	PONTH DAY YEAR  19 RY Seed from 19 oth.  23c NAME OF C Ft. Lin	211 LOCATION STREET  3	opinion de  IDING  CIAN  ATORY	CITY OR TOV	VN IN ITEM 18 F	COUNTY  19 SZ.  17 and from the  22c DATE	state that (l) (we) le causes stated

072281 1111007

700	7.0.000.0	1-	STATE per funeral REGISTRAR	home	CERTIFICATE OF DEATH	REG. NO.	3 3 0 2
738	7 2 DEC -3		CEASED NAME FIRST	MIOOLE	FUTT		7 YEAR 26. HOUR 450
	ge 4 mo) ector. po	3. SE>	m	4. RACEB	5. DATE OF BIRTH MONTH 2 10 23	6. AGE (IN YEARS LAST BIRTHOAY) YRS.	IF UNDER LYEAR IF UNDER 24 AR MONTHS DAYS HOURS MIN
	2 10 10 10 10 10 10 10 10 10 10 10 10 10		OUNTRY)  ASA, DC.	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRINCE 6	FRORGE,
58	188	10. CI	TINTON		ET ADDRESS)  Md. PLOSP CAR	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	12b. KIND OF BUSINESS C INDUSTRY
AND 212	(13)	USUA 130. S	TATE Md. 13b. COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM  131. CITY OR TO  UPPER	MARTHE YES NO	18308 QUE	2017 Jak
MARYL	1740		THER'S NAME FRANK	MIDOLE FURR	SR GIZABA	WIODTE	OWENS
BALTIMORE	on ond c		(IF YES, GI	VE WAR OR OATES) 217-12-21	27	. FURR 18308	- QUEEN ANN
201 W. PRESTON ST., BAI	that the death certificate d by the ottending physiciless remove carbon paper iol, cremotion, or removal. or other troumatic event, the		PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEO	DIFATORY HTT DUENCE OF DUENCE OF	is15	BETWEEN ONSET AND DEAT
	equires in signe Then pl r to bur injury, (	NO O	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER		
AL RECO	he low rion.  hos bee it permit. iene prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS,	trending physici trending physici r this certificate the buriol-transi and Mentol Hygi ed or Item 18 sh		210. ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING ( CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	DAY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM 18 I	PART 1 OR PART 2)
DIVISION	ottendir frer this os the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 218. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	ATTENDII spitol or CTOR: A for use of Heoli			oitol) ottended the deceased from  n 19 0 19 19 19 19 19 19 19 19 19 19 19 19 19	. / /	, to, to, to, death occurred on the date and have	19, that (I) (we) live and from the couses stated
	'AL OR I's the hor i'al DiRE's detoched of Dept.  IT: If Item		27E SIGNATURE	ue	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	12/1/8
	oined by Spires ould be ould be ould be ould be ould be only properties.		220. PHYSICIAN'S NAME THE	ORPRINT) ACC	PO BOX 849	WALDORF Med. PK	Waldorf 1

itemps16b film G634 12-7-87 sb

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL

12b. KIND OF BUSINESS OR

\_\_\_\_, that (1) (we) lost

IF UNDER 24 ARS

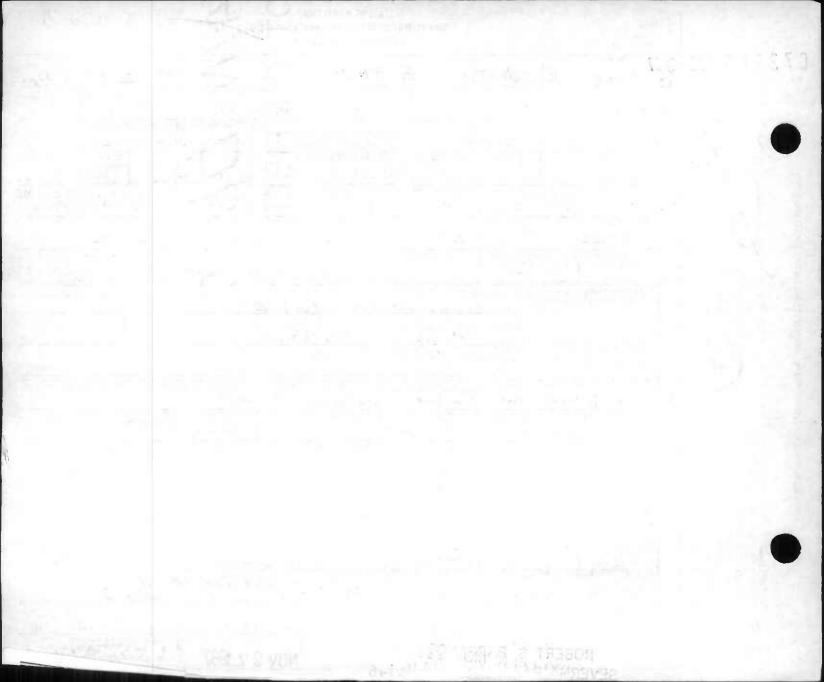
73872 150-367 = 1--Land Co. Mind and All Control of the Control of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20. DATE KNOWN I. DECEASED NAME 26 HOUR (TYPE OR PRINT) ESTI-**Fykes** DEATH MATED Leroy 4 RACE DATE OF BIRTH 6 AGE (IN YEARS) IF UNDER TYR IF UNDER 24 HRS DATE 2:36 1949 YRS Male Black Sept. 25. PM 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIEDXIX NEVER MARRIED FOREIGN COUNTRY) Pennsylvania USA DIVORCED Prince George's County D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Capital Beltway & Balto./Wash. Pkwy. FOR MOST OF WORKING LIFE | Cutter OR INDUSTRY College Park SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Oxon Hill 320 Brocton Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE James Fykes Lois Duck 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS Gwendolvn Fykes-wife-320 Brocton 163 40 7735 ves 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF MEDICAL EXAM lying cause last. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED EXECUTED THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND ME BAJLIMORE, WASHING NO. 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YESX NO [ 71g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 21 UNDERLYING AOR HOUR AND MONTH DAY YEAR 2:30P.M. 11/ subject driver in multiple auto collision CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED WHILE NOT WHILE roadway Capital Beltway & Balto./Wash.Pkwy, Pr.Geo.Md Autapsy X 22a I certify that I took charges rummins described above, held an Inspection and in my apinion death resulted, rom Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Chief 11/8/87 SIGNATURE EXAMINER'S NA 1. Smialek, M.D. 111 Penn St., Balto., Md. 21201 23e. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Suitland, Md. Lincoln Memorial Cemetery DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Road (VR A15 ME (5))

SEVERNA PARK, MD.

(VRA 15, 4)

STATE OF MARYLAND



		FOR			TE OF MARYLAND HEALTH AND MENTAL HYG	IENE R 7	- 2 6 6
		STATE REGISTRAR			FICATE OF DEATH	REG. NO	
104 2	7 0	CEASED NAME FIRST	TH Am	q	AINES		11 · 17 - 87 7.4
	3 SEX	male	Caucasian		OF BIRTH  1, DAY 1944 YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UND MONTHS DAYS HOURS YRS.
17	C	RITHPLACE (STATE OR FOREIGN OUNTRY) Shington, D.C.	76 CITIZEN OF WHAT C	OUNTRY? 8. MARRI WIDOW	ED NEVER MARRIED DIVORCED	PRINCE	GEORGES
2/	12	TY OR TOWN OF DEATH	11. NAME OF HOSPITM (IF NOT IN SUCH FACILITY SOUTHEX M	AL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF Beutician	ON 126. KIND OF BUSI
M	13a. S		OR OTHER INSTITUTION, GIVE RESI	DENCE BEFORE ADMISSION LY OR TOWN LOOTE		13. STREET ADDRESS / 2013 Tangle	ZIP CODE Dr. 2060
31		THER'S NAME  OMENIC	MIDDLE F1:	rmani	15. MOTHER'S MAIDEN NA Margaret	ME MIDDIE	Menna
2	16a. W	VAS DECEASED EVER IN U.S. A	WE WAR OR DATES	CIAL SECURITY NO64-1952	Raymond Gair	nes Same as	
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF	Immy Es	nbolism t	APPROXIMATE IN BETWEEN ONSET A  Must
		cuose tur, sidiling the	) DUE TO, OR AS A	CONSEQUENCE OF			
awkeny injury, or oth	TIFICATION	underlying cause last.	conditions contrib	e Pneus	ON WAS PERFORMED	200 AUTOPSY?  YES NO	DITION GIVEN IN PART TO  20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE  YES \( \subseteq \text{NO} \)
79	NCAL CERTIFICATION	Underlying couse lost.  PART 2. OTHER SIGNIFICANT  IND. DATE OF PERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF D  (IF ETHER, NOTIFY MEDICAL EXAMIN	CONDITIONS CONTRIBI	UTING TO DEATH BLE PARTIES OF WHICH OPERATION ON THE DAY YEAR 19	ON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?	20% IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YESNO
thed or fine 15 showpony repay, or one	MEDICAL CERTIFICATION	underlying cause last.  PART 2. OTHER SIGNIFICANT  IND. DATE OF PERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS CONTRIBUTED TO THE PLACE OF INJURE	UTING TO DEATH BLE PARTIES OF WHICH OPERATION ON THE DAY YEAR 19	ON WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?	206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO BY IN ITEM 18 PART 1 OR PART 7)
APORTANT IT Nem 2.1 is morkett or nem 15 showsony njury, or orn	100	Underlying couse lost.  PART 2. OTHER SIGNIFICANT  PART 2. OTHER SIGNIFICAN	CONDITIONS CONTRIBUTED TO THE CO	OR WHICH OPERATION ON THE DAY YEAR ONTH DAY YEAR ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET  and that in (my) (and apinion) DEGREE	YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES NO RY IN ITEM 18 PART 1 OR PART 2)  WN COUNTY  The and hour and from the causes  22c. DATE SIGNE

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#### STATE OF MARYLAND

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2.4	1 DF	CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
noy be poge 3 pr deoth		OR PRINT) Gla	1	6	indy	11 - 25-	1987	2.10 4
4 moy tor, po ofter d	3. SE	Family	4. RACE	5. DATE (	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
o de la constant de l	7. DI	RTHPLACE (STATE OR FOREIGN	Caucasian 76. CITIZEN OF WHAT COU	NITDV2 8	7 5 18	69 YRS.  9. BALTIMORE CITY OR COUNT	V OF DEATH	
6 30 3/6		OUNTRY)		MARRIE	D X NEVER MARRIED	3. BALTIMORE CITY OR COUNT	POPUEATH	0
1 / 1 / 1		nnsylvania	U.S.A.	WIDOW		I MING CS	evigues	EU MD.
1111	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	PESTREET ADDRESS)	POSCITA	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Housewife		OF BUSINESS OR
24 Four	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUNTY Prince	other institution, give residence its Control in the control in th	RTOWN	13d. INSIDE CITY LIMITS	4	DE _ 2(	0744
F S S		THER'S NAME	e George Tt.	wasiiiiigt	15. MOTHER'S MAIDEN		т па•	
ed with	)	Lawrence	W. Gui	llard	Carrie	MIDDLE M.	Mell	lott
oe execu		VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIVI NO	F WAR OR DATES!	4-6422A	James D. G	andy Ft. Washingto	La. Dn. Md.	
rtificate by physical		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		(b), and ich	in Culting		BETWEEN	IMATE INTERVAL ONSET AND DEATH
00000		IMMEDIAT	E CAUSE (o)	2180 1087	1284-41CI	incl		
e deoth ce ottendin nove corb iotion, or i froumotic			DUE TO, OR AS A CON	- 11	^ .	1		
dec otte otte otioi		Conditions, if ony, which gove rise to immediate	(b) Q1	al Call	Carcinama	Lung		
hot the by the ose rer corner other		couse (a), stating the underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF	be Tructive P	Amonary Distise		
quires the signed hen plee to burio	z	PART 2. OTHER SIGNIFICANT C				RMINAL DISEASE OR CONDITION G	VEN IN PART 1	0'
been mit. T	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIC	N WAS PERFORMED	IN CERT	S, WERE FINDIN	OF DEATH?
	Ē	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		13). HOW NITTEN OCC		ES	но 🗌
A G TTO B		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	TH DAY YEAR	ZIE HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211. LOCATION	CITY OR TOWN	COUNTY	STATE
or ottendi	2	WHILE NOT WHILE AT WORK	(AI HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	311122			
		22a.1 certify that (I) (this hosper sow the deceased alive on	11 2 4	19 97 0	3 , 19 g	7, to 195 on death occurred on the date and ha		that (I) (we) lost
R ATTEN hospitol RECTOR hed for u		22b. SIGNATURE	t) view the body ofter death		DEGREE		22c. DATE	SIGNED
		Cyms)	. Tim lut.			MEDICAL STAFF DIRECTOR PHYSICIAN		25/87
HOSPII Pined b FUNE ould be the state of the		CY RUS V.	PARSEY M. E	).	8700 eld	Brunch Ave clin	Ton MD	20735
5 p 5 g x x	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATOR	23d. LOCATION	COUNTY	
BP		Cremation	11/27/87	Metropo:	Litan Cremat			ginia
DHMH - 16 60M 7/84		JNERAL DIRECTOR			n Hill Rd 25 N	DATE REC'D BY REGISTRAR 256 REGIS	JPAR'S SIGNAL	LIPE.
(VRA 15, 4)	Ge	eorge P. Kalas E	Funeral Home	Oxon Hi	11. Md.	0 4 7 1 1981 June	aurdon-h	and the same

Arthurstein ... 1887 J. VON

2 0.5	3: 5E		4 RACE		3. DATE OF US		6. AGE (IN YEARS LAST BR
a office	2011	F emale	1	N hite	July 1	19 <del>08</del>	79.8
	7a B1	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED	NEVER MARRIED	9. BALTIMORE CITY O
1 1 14	W	ashington DC	U.		WIDOWED	DIVORCED [	Prince
1 21 /3//	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSING		THER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST)
10 11 11 10	400	tchellville	Villa	Rosa Nu		Home	Homemake
12 de 10 12 P		AL RESIDENCE (IF NURSING HOME OR STATE		13t. CITY OR TOWN		INSIDE CITY LIMITS?	13e STREET ADDRESS
N C TO			gomery	Potomac		s 🔀 NO 🗌	10320 Cro
A 1 12 /6/	4. F.A	THER'S NAME FIRST	MIDDLE	LAST	15. /	MOTHER'S MAIDEN NAM	AE MIDDLE
¥ 9 96/3/0			J.	Williams		Lillian	ADDR
MORE Foots		VAS DECEASED EVER IN U.S. AR	MED FORCES? 'E WAR OR DATES)	166 SOCIAL SECUI		INFORMANT	
PU 180 DV NO		No -		577-80-	5430	Ralph A. Wel	lls, Same a
physical parts of the same of		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)		Con dio		monary	Arre
W. PRESTON ST hat the death ce by the attending a lace remove carban il. cremplion. or rem other trautistic ev		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	OR AS A CONSEQUE	7 Cem	-	Possibla oi seces
MDS, 20 equires, 1 Then pile or to burion injury, or	NOI	PART 2. OTHER SIGNIFICANT OF	7.17	eci ve		73.	4.1010
I RECO	THEATION	98 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION W	AS PERFORMED	200 AUTOPSY?
DIVISION OF VITAL RECORDS WG PHYSICIAN. The low requir attending physician. Her this certificate has been signs the busicificional permit. Then th ond Mental Hygeme prior to b asked on teen 18 shows any injury	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A	DF INJURY .M. MONTH DA .M.	AY YEAR	. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU
WINSION attender the thin as the bound My threed or in the down	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE ALL WORK		OF INJURY REET FACTORY, OFFICE, FA	ARM ETC )	LOCATION STREET	CITY OR TO
TOR A for user		saw the deceased alive an abave, (1) (we) (did) (did no	11-	3 19.0	70	at in (my) ( <del>our)</del> apinion o	death occurred an the a
AL OR A Nat DIRECTOR A detached one Dept		22 POIGNATURE	200	1	DEG.	D ATTENDING PHYSICIAN	MEDICAL STA
D HOSPIT TOWNED BY TOWNED		22d PHYSICIAN'S NAME (TYPE OF	Afor	-A		ADDRESS 14300 GA	LLANTF
元子 セコリス 1	23s. l	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	NAME OF CEME	TERY OR CREMATORY	23d. LOCATION

11/6/87

5130 Wisconsin Ave., NW, Washington, D.C. 2001

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

Burial

MIDDLE

Items 5,6FilmG634 12/9/8

Violet A.

1 - STATE

ITTPE OR PRINT)

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

ECEASED NAME

STATE OF MARYLAND

CERTIFICATE OF DEATH

Military Academy Cem.

LAST

Gavin

REG. NO 2a. DATE OF DEATH MONTH 2b. HOUR 9:00 1987 Nov. IF UNDER 24 HRS OR COUNTY OF DEATH George 12b. KIND OF BUSINESS OR Own Home VZIP COPE Win Piont Ct./20854 Schneider ddress as #13. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART IIa 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ RY IN ITEM 18 PART I OR PART 2) COUNTY STATE that (I) (we) last late and have and from the causes stated 22c. DATE SIGNED CIAN FOX LN, BOW!

CITY OR TOWN

West Point, NY

250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

AND THE BEST AND THE PERSON OF THE PERSON OF

Geis Funeral Homenous

57-34 Catalpa Avenue, Ridgewood, NY 11385

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

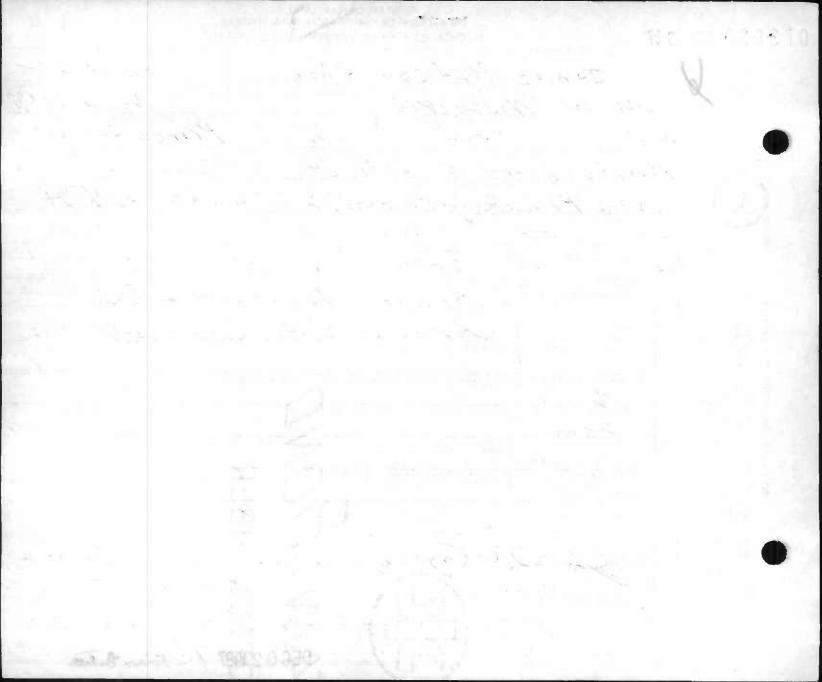
(VRA 15, 4)

STATE OF MARYLAND

250 DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DEC 03 1987 ALL ASSESSED

and a director



## STATE OF MARYLAND

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			ELING		m.			IDDARIE			DEATH M	AATED [	11		1987	
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	ale	White		r. 18	1965 HAT COUNT		RS.				DEAD	25 615 4 6	11		19 87	
/0 E	OREIGN COUNTRY	()	/a. CI			RY?		ED   NEVE		- E	BALTIMO	_	_			
10.0	Jamac ITY OR TOWN			Jamao			WIDOW		DIVORCE		Prince					
118.0			(15	NOT IN SUCH F	ACILITY, GIVE STE	RET ADDRESS)		ER INSTITUTIO	ON I	FOR MC	L OCCUPA	AG LIFE)	OF WORK		OF BU	
1167	Chever	E (IF IN NURSING F			George			Hosp.		Se	ecty.			& a	uffy	iät
	STATE	13b C	OUNTY		13c. CITY (	ORTOWN		13d. INSIDE CITY			T ADDRESS					
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1	ATHER'S NAM		MIDDI	LE	1.	AST		15. MOTHER'S	T		MIDD	DLE			LAST	
1		lerick				iddari			uline	9			100	H	enry	
160.	YES, NO, OR UNK!		S, GIVE WAR OR	DRCES?		IAL SECURIT		17. INFORMA				ADDRESS				
	N/A		N/A			08-672	26	Paulin	ie Her	ry-r	nother	-(sar	me a			
	18 CAUSE	OF DEATH (Ent	ter only one	cause per lin										BETW	PROXIMATE VEEN ONSE	INTER
	V/		EDIATE CAU	1-1-		tiple		cies								
1	0/	ians, if any, v	uhich (	DUE TO, OI	R AS A CONS	SEQUENCE	OF									
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	lying co	ause last.		(c)												
Z	lying co			(c)				DR CONDITION G	IVEN IN PART	l (a),						
ATION	PART 2 DTNER	ause last.	ITIONS CONTRIB	(c)	BUT NOT RELAT	ED TD THE TERM	MINAL DISEASE	DR (DNDITIDN GI		1 (a),				20 A	UTOPSY	
IFICATION	PART 2 DTNER	SIGNIFICANT CONDI	ITIONS CONTRIB	(c)	BUT NOT RELAT	ED TD THE TERM	MINAL DISEASE			l (a).					UTOPSY?	
ERTIFICATION	PART 2 DINER  19a. DATE C	SIGNIFICANT (DNDI	ITIONS CONTRIB	(c) UTING TD DEATH	BUT NOT RELAT	ED TD THE TERM	NINAL DISEASE		ED?		TURE OF INJURY	Y IN ITEM 18 P	ART I OR PA	Y	UTOPSY?	
AL CERTIFICATION	PART 2 DINER  19a. DATE C	SIGNIFICANT (DNDI	ITIONS <u>CONTRIB</u>	(c)	OF INJURY	ED TO THE TERM	RATION W.	AS PERFORME	ED?	ENTER NA				Y ART 2)	ES 🔀	
SDICAL CERTIFICATION	PART 2 DINER  190. DATE C  210. EXTERN UNDERLYIN CONTRIBU	SIGNIFICANT (DNDI	ITIONS <u>CONTRIB</u>	19b COND  21b TIME O HOUR A 7:30 P.A	THOM FOR WORLD MANUAL MONTH WAR 11-1	VHICH OPER  DAY YEAR  7- 19 8  (AT HOME,	RATION W.  R 216 HC  R 216 LC  216 LC	as performe ow injury of destrial	ED?	TENTER NA	by mo	otor	vehi	cle.	ES 🔀	NC
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	1
		REG. N
LAST	20. DATE	OF DEATH

SUSAL RESIDENCE (F MARNALAND PROBLEM CONDITIONS CONTRIBUTIONS OF WHICH OR TOWN VEST ON THE STREET ADDRESS / ZIP CODE (SETTEMBEL 1) IDS COUNTY SET OF COME (SETTEMBEL) IDS COUNTY SET OF COUNTY	73	5 0 4 DEC -	1 8	FOR STATE REGISTRAR			DEPART	MENT OF I	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	YGIENE /		3 3	1 2
SEX LARGE CAUCASTAN SEPT 2 1916  TO SERVICE I STALL GOTOGO DE STALL SANGERO DE STALL SANGER					FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
FEMALE    CAUCASIAN   SEPT 2 1916   71   71   71   71   71   71   71		y be			GE	RTRUDE	I.	G	IELEN	NOVEMBER	25,	1987	3:10 A
FEMALE  CAUCASTAN  SEPT 2 1916 77  BRITTAN  BRIT		m Le bo	3. SEX	(		4 RACE				6 AGE (IN YEARS LAST BI	RTHDAY)		
NEW YORK  WOOMED  ID ORGAN  ID CITY OR TOWN OF BEATH  IN MARK OF HOSPITAL, NURSER COURT  IN MARK OF HOSPITAL AND OF HOSPITAL NURSER COURT OF HOSPITAL NURSER COURT  IN MARK OF HOSPITAL NURSER CO		ge 4				CAUCAS	IAN			71	YRS.		The state of the s
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BOWIE 6*** OF SHAPE COURT CONTROL THE ADDRESS OF THE PROPERTY OF OF THE PRO		11/11/	NI	EW YORK				WIDOW	D DIVORCED		EORGES		MD.
SUSTAINESSIDENCE IF MASSING CORPS CONSTRUCTION OF CONSTRUCTION	5 /	10			TH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST	OF WORKING L	IFE) INDUSTRY	
MARYLAND PR GEORGES BOWTE    The father's name   Carl   John   Batter   Court   Continuous   Court   Continuous   Court   Continuous   Court   Continuous   Court   Co	2120		USUA	AL RESIDENCE (IF NURSE		R OTHER INSTITUTION	, GIVE RESIDENCE BEFOR	E ADMISSION)					TON-LEMON
THE WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 12 INFORMANT ADDRESS IN SOCIAL SECURITY NO. 13 INFORMANT ADDRESS IN SOCIAL SECURITY NO. 14 INFORMANT ADDRESS IN SOCIAL SECURITY NO. 15 INFORMATION ADDRESS IN SOCIAL SECURITY NO. 15 INFO	QN	filled filled gold						/N					
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DUE TO, OR AAA CONSEQUENCE OF CONDITION OF THE NUMBER OF T	wì.						16b. SOCIAL SECU	JRITY NO.					
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Part		requires in signed. Then plicate to buristic injury, o	NOI	PART 2 OTHER SIGN	LL C	CONDITIONS C	LUNG	CAI		RMINAL DISEASE OR CON	IDITION GI	VEN IN PART 1	a.
OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR  P.M. 19  The filter notify medical examines in the fellowing product of the filter notify medical examines in the fellowing product of the filter notify medical examines in the fellowing product of the filter notify medical examines in the fellowing product of the filter notify medical examines in the fellowing product of the filter notify medical examines in the fellowing product of the filter notify medical examines in the fellowing product of the filter notify medical examines in the fellowing product of the filter notified in the fellowing product of the fellowing prod		he loon.	TIFICAT	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTI	FYING CAUSES	OF DEATH?
220. I certify that (i) (this hospital) attended the saw the decised alive of above, (i) (we) (did) (did it is not the dot).  220. I certify that (i) (this hospital) attended the saw the decised alive of above, (i) (we) (did) (did it is not the dot).  220. Date Signet Total Director Physician Dire	OF VIT	ZXSOTR	-	OR CONTRIBUTING C	AUSE OF DE	ATH HOUR A	M. MONTH D.		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	IRY IN HEM 18	PART 1 OR PART 2)	
220. I certify that (i) (this hospital) attended the saw the decised alive of above, (i) (we) (did) (did it is not the dot).  220. I certify that (i) (this hospital) attended the saw the decised alive of above, (i) (we) (did) (did it is not the dot).  220. Date Signet Total Director Physician Dire	VISION	HY HY	MEDIC	WHILE NOT WHI	LE 🗍			ARM ETC )	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
HAROLD MIRSKY  BP  BP  BURIAL  NOV 28,1987 PARKLAWN CEMETERY  BURIAL  NOV 28,1987 PARKLAWN CEMETERY  BURIAL  PHYSICIAN DIRECTOR		ATTENIO ospitol ECTOR: d for us d for us		saw the decease abave, (I),(we) (d	d olive og		BERZ		nd that in (my) (aur) apini			ur and Irom the	causes stated
BP		PITAL by 11 ERAL Stote		IN PHYSICIANS NA	ple	1-/Vh	sleg	/	PHYSICIAN	MEDICAL STA	FF CIAN [	11/2	25/87
BP		othors should by with the					)		2400 H STEE		7 WAS	HINGTON	, D.C.
DHMH - 16 60M 7/B4  24 FUNERAL DIRECTOR FRANCIS J. COLLINS ADDRESS R. 250. DATE REC'D. BY REGISTRAR'25b. REGIST				SPECIFY)								COUNTY	STATE
		BP	24 51			NOV 2	8,1987 PAI	KKLAWN					
		DHMH - 16 60M 7/B4 (VRA 15, 4)							N.		1 .	Test in the	

13 1-30 10367 Lillew Soy THE PROPERTY AND THE PROPERTY. SI-SA JULA DATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	REG. N	10			
0	DATE OF DEATH	11-	10-87	7 YEAR	5.30

	1-	STATE REGISTRAR	DEP		ICATE OF DEATH	REG. NO			
	1.87	RESEASED NAME FIRST MIDDLE  WILLIAM		E. GILES		20 DATE OF DEATH MONTH	10-87 FAR 5.30P		
	3. SEX	. SEX 4. RACE				6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		
	Male Caucasi		Caucasian	an 1-22-1919		68 YR			
7		RTHPLACE (STATE OR FOREIGN 7	TE CITIZEN OF WHAT COUN	ITRY? 8 MARRIEI	X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGES			
		shington D.C.	U.S.A.	WIDOWE			MD,		
1			PRINCE GEORGE			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING  Engineer	Safeway Store		
	13e S Ma	ryland Princ		TOWN	13d Inside City Limits? Yes <b>X</b> NO [	13e STREET ADDRESS / ZIP CO 4033 Ingraham	St., 20781		
1	_	THER'S NAME FIRST M	W. Gii	ī	15. MOTHER'S MAIDEN NAM	E MIDDLE	LAST		
					Forrest	ADDRESS	Gayle		
	160 W		WAR OR DATES)	SECURITY NO.	17 INFORMANT		1:		
	1 6		=	3-0653	Dorothy A. C	Giles, Same as			
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for Io I, (b) BY: E CAUSE (o)	. Lu	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
		Conditions, if ony, which	DUE TO, OP S A CONS	CONTROL OF	Theal!	lailure			
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF			disheare	\$		
	NO	PART 2 OTHER SIGNIFIC AT SC	The The	NOT RELATED TO THE TE MI	NAL DISEASE OF CONDITION (				
(	CERTIFICATION	190 DATE OF OPERATION	IN CONDITION FOR	HICH OPERATION	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO		
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT!  (IF EITHER NOTIFY MEDICAL EXAMINER)	THE OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM	18 PART ( OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OF	FFICE, FARM ETC )	21f LOCATION STREET	Esty de talega	COUNTY STATE		
	1	220.1 certify that (I) (this hospital sow the deceased alive on	eoth occurred on the dote and	hour and from the couses stoted					
		obove, (I) (yo) (did) (did not) 226 SIGNATURE		DEGREE ATTENDING	MEDICAL STAFF	221 DATE SIGNED			
	-		ATTA		22e ADDRESS	DIRECTOR PHYSICIAN	CUTZ FLD.		
	230 B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	B.	SPECIFY)	1112.07	Et Lin	coln Comptant	CITY OR TOWN	COUNTY STATE		

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit with the State Dept of Health and Mental Hygur TO FUNERAL DIRECTOR: After this certificate

IMPORTANT: If Hem 2

FOR

| HRANGES GASCH'S SONS FUNERAL HOME, | 4739 Baltimore Ave., Hyattsville, Maryland P. A 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5

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L	STATE REGISTRAR			DEPARTMENT OF HEALTH AND MENTAL HYGIENE ( ) CERTIFICATE OF DEATH  REG. NO.								
1. DECEASED NAME FIRST (TYPE OR PRINT)				MIDDLE LAST				24 DATE OF DEATH MONTH DAY YEAR 26			26 HOUR	
1,,,,,	E	DYTHE	M		6	OFF			1)	26	87	17:05
3. SE	Х	4.	RACE		5. DATE O	BIRTH		6. AGE (IN YEARS LA	ST BIRTHDAY)		ERIYEAR	IF UNDER 24
	F		White		Feb.	14.	1916	71		MONTHS	DAYS	HOURS /
7a. BI	IRTHPLACE (STATE	OR EOREIGN 71		HAT COUNTRY?	8.			9 BALTIMORE CIT	YR:		ATH	
1	COUNTRY)		8			☐ NEVER MA			_			
West Virginia U.S.A.			OSPITAL NUIPSIN	WIDOWE		DRCED [	Prince			KINDO	E DI ICINIE CO	
(IE NOT IN SUCH FACILITY, GIVE							12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
	urel			Laurel		ville H	osp.	HOmemal	cer ·		Hon	e
13a. S	AL RESIDENCE (IF P	136. COUNT	Y I	3c. CITY OR TOW		13d INSIDE CIT	LIMITS?	13e.STREET ADDRE	SS / ZIP CO	DDE		
	aryland	Anne i	Arundel	Glen Bin	rnie	YES X	10 🗆	6 Coun	try Cl	ub Dr	rive	/ 210
14) FA	ATHER'S NAME	AAI	DDLE	LAST	9/11-1-1	15. MOTHER'S	AAIDEN NAA		_		146	
1	Earl	Mil		Griffi	th	_	ra	MIDD	h h-		Burl	(eV
	WAS DECEASED EV			66 SOCIAL SECU		17 INFORMAN		A	DDRESS 92	45 T.i		Lane
120	YES, NO OR UNKNOWN)	JIF YES, GIVE V	WAR OR DATES)	705-10-	8487	Donald	Coff				_	20707
	18. CAUSE OF DE					Donard	GOLL		ша			MATE INTERVA
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE						EOLITE NOT RELATED TO VARY AR	O THE TERMI	INAL DISEASE OR C			PART 110	PITIS
190. DATE OF OPERATION 196. COND								חייו ייורות	-VMRI	ות וווע		
TIFICAL	19a. DATE OF OPE	1		ON FOR WHICH				20a AUTOPSY?	20b. IF IN CER	YES, WERE		
CAL CERTIFICATION	21a. ACCIDENT WAS OR CONTRIBUTING [	RATION  UNDERLYING   CAUSE OF DEATH	19b. CONDITI	ON FOR WHICH	OPERATION	WAS PERFOR	MED	20a AUTOPSY?	20b. IF IN CER	YES, WERE RTIFYING ( YES [	CAUSES	OF DEATH?
MEDICAL CERTIFICAT	21a, ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY A 21d, INJURY OCC	RATION  UNDERLYING   CAUSE OF DEATH AEDICAL EXAMINER)	196. CONDITI	ON FOR WHICH	OPERATION AY YEAR 19	WAS PERFOR	IRY OCCURR	YES NO	20b. IF IN CER	YES, WERE RTIFYING ( YES ]	CAUSES	OF DEATH?
	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 21d. INJURY OCC WHILE AT WORK A 27a.1 certify that saw the decobove, (1) (w)	RATION  UNDERLYING  CAUSE OF DEATH AEDICAL EXAMINER)  URRED  TWHILE  WORK  (I) (this hospitol AEDIC (I) (this hospitol)  AEDIC (I) (did not)	19b. CONDITI  21b. TIME OF HOUR A.M P.M  21e. PLACE OI 1 AT HOME. STREE	ON FOR WHICH INJURY MONTH DA FINJURY T, FACTORY, OFFICE, F. deceased from	OPERATION  AY YEAR  19  ARM, ETC.)	The HOW INJUSTREET  The LOCATION STREET  That in (my) (o	AED  URY OCCURR	YES NO	20b. IF IN CEF	YES, WERE RITIFYING ( YES   18 PART LOR  CO	CAUSES  PART 2)  DUNTY	STAI
	21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY A 21d. INJURY OCC  WHILE NO AT WORK A 1 certify that say the dece obove, (1) (w) 27b. SIGNATURE	RATION  UNDERLYING  CAUSE OF DEATH AEDICAL EXAMINER)  URRED  WORK  (1) (this hospitol expect olive on expect olive on expect olive on	19b. CONDITI	ON FOR WHICH INJURY MONTH DA FINJURY T, FACTORY, OFFICE, F. deceosed from 11-24 19	OPERATION  AY YEAR  19  ARM, ETC.)	216. HOW INJU	AED  URY OCCURR	20a AUTOPSY? YES NO[ ED (ENTER NATURE OF	20b IF IN CER	YES, WERE RITIFYING ( YES   18 PART LOR  CO	CAUSES	STAI
MEDICAL	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 21d. INJURY OCC WHILE AT WORK SOW the dece obove, (1) (w) 27b. SIGNATURE  22d. PHYSICIAN'S  E.S.	CAUSE OF DEATH AEDICAL EXAMINER) URRED TWHILE WORK (I) (this hospitol AEDIC JUPE OR AE	19b. CONDITI	ON FOR WHICH INJURY MONTH DA FINJURY 1, FACTORY, OFFICE, F. deceosed from 19 ther deoth.	OPERATION  AY YEAR  19  ARM, ETC.)	216. HOW INJU 211. LOCATION STREET  1 1	IRY OCCURR  19	200 AUTOPSY?  YES NO[  NO[  CITYO  TO ATTENDED OF THE PROPERTY	120b IF IN CER	YES, WERE RITIFYING ( YES   18 PART LOR  CO	CAUSES  PART 2)  DUNTY	STAI
WEDICAL MEDICAL	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 21d. INJURY OCC WHILE AT WORK 27a.1 certify that saw the dece obove, (1) (w) 27b. SIGNATURE	CAUSE OF DEATH AEDICAL EXAMINER) URRED TWHILE WORK (I) (this hospitol AEDIC JUPE OR AE	19b. CONDITION 21b. TIME OF HOUR A.M. P.M. 21c. PLACE OF LATHOME, STREE  I) oftended the Service of the body of th	INJURY MONTH DA FINJURY 1, FACTORY, OFFICE, F. deceosed from 11-72 19 ter death.	AY YEAR 19  ARM. ETC.)	216. HOW INJU	IP SY ULL OF THE PROPERTY OF T	200 AUTOPSY?  YES NO [	120b IF IN CER	YES, WERE RITIFYING ( YES   18 PART LOR  CO	CAUSES  PART 2)  DUNTY	STAI

Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

202 Greene Street-Cumberland,

Chr. MALAN 2.3

ARTHUR SEARCHSVERO

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212

DHMH - 16 60M 7/84

(VRA 15, 4)

#### STATE OF MARYLAND DEPARTM

VENT	OF	HEALTH	AND	MENTAL	HYGIENE
CEI	RTI	FICATE	OF	DEATH	-

MECHSINAN		CERTIFICATE OF DEATH	REG. NO.						
1. DECEASED NAME FIRST	WIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
HARO	LD J.	GOODMAN	November	17, 1987 9:28AM					
1 SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER ) YEAR IF UNDER 24 HRS.					
Male	White	MONTH DAY YEAR	58 YRS	MONTHS DAYS HOURS MIN.					
To. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COUNT						
Maryland	FICA		Prince George'	S MD					
III CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR					
Laurel		1 Beltsville Hospit	al (TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY					
THUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	<del>electrician</del>	Gov't.					
White the same of		- VES CO NO CO							
14 FATHER'S NAME	ince Ge. Laure	15. MOTHER'S MAIDEN	NAME 39 S. Paula	20707					
Harold J. Goodn	MIDDLE LAST	11831	WIDDLE	LAST					
Harold J. Goodii		SECURITY NO. 17. INFORMANT	ADDRESS						
	GIVE WAR OR DATES)			21227					
	orea   1220-20		Goodman 3131 Ryc	ergon Circle					
8. CAUSE OF DEATH (Enter	only one couse per line for (a), (b)			BETWEEN ONSET AND DEATH					
IMMED	IATE CAUSE (o)	RDINC ARREST							
	DUE TO, OR AS A CONS	EQUENCE OF	4						
Conditions, if any, which gave rise to immediate	(b) 47Cl	TE MIU CAREDIA	AL IN FARCTIO	N					
couse (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF	21 211-125						
underlying cause last.	(c) (DR	SWALL HILL	M DIJEASE						
PART 2. OTHER SIGNIFICAN	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a								
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING									
190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?						
#				YES NO					
210. ACCIDENT WAS UNDERLYING		DAY YEAR 21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)					
OR CONTRIBUTING CAUSE OF	DEATH	19							
(IF EITHER NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE					
HILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) STREET	CITY OR TOWN	COONITY STATE					
22s. Legitly that (I) (this ha	spital) attended the deceased fr	om 1117 10 C	7 10 11 17	, 19 5) , that (1) (we) last					
saw the deceased alive	on MOUT III		on death occurred on the date and ha						
abave, (1) we) (did) (did	nat view the body after death.	DEGREE		224. DATE SIGNED					
1/	MINIM	ATTENDING		11-17-A7					
22d PHYSICIAN'S NAME (TYP	PE OR PRINTI	PHYSICIAN	DIRECTOR   PHYSICIAN	1.7-17					
A PALAD	1 1 1	22e. ADDRESS		0 1/11 2000					
MIH- COMP	TON MI)	1 31/U	nerry take Lau	rel 1402010					
23a BURIAL, CREMATION, REMOV		23c. NAME OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTY STATE					
Burial	11/20/87	Cedar Hill Cemeter	Brooklyn Anne Arundel Md.						
24 FUNERAL DIRECTOR	ADDR		DATE REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE					
Ambrose Funeral	Home 1328 Sul	phur Spring Rd. N	IOV 1 9 1987	Randall					
		The Diviting 100.	1001	Marian Land Land Contraction					

# VISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 DATE OF DEATH MONTH DECEASED NAME FIRST 2h HOUR 7399 November 25 1987 Shirley Gordon 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH SEX 4 RACE MONTH Female Caucasian Dec. 3, 1909 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED X Prince Georges 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Southern Maryland Hospital Center Clinton Homemaker Home ING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) USUAL RESIDENCE (IF NU 130 STATE 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Waldorf Maryland Charles 424 Lake Drive 20601 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE John Ella Dean Joy 9543 PDRES Old Creek Drive WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Fairfax, Virginia 577-84-8276 Elizabeth Rice No 18 CAUSE OF DEATH (Enter only one couse persone for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO ORAS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CERTIFICATION 200 AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) SIRFET AT WORK NOT WHILE 22a.1 certify that (1) (this hospital) attegraed the deceased from MA NOIL saw the deceased alive an 125 above, (1) (we) (did) (did nat) view the body after death and that in (my) (and apinian death accurred an the date and have and from the causes stated 17h SIGNATURI DEGREE 22¢ DATE SIGNED MEDICAL STAFF ATTENDING 4 Nov. 27,1987 PHYSICIAN XDIRECTOR PHYSICIAN 22e. ADDRESS 94 CRET Thomas Cleary, M.D. 9131 Piscataway Rd. Clinton, Maryland 23c. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OF TOWN Suitland 1987 Cedar Hill Cemetery Burial Nov 30

Clinton, Maryland

254 PATE BECO BY BY BTRAR 256 REGISTRAR

DHMH - 16 60M 7/84 (VRA 15, 4) 24. FUNERAL DIRECTOR

Lee Funeral Home, Inc.

Car I William Hill III

0732

### STATE OF MARYLAND

1	FOR - STATE REGISTRAR			DEPAR		HEALTH AND MENTAL HYO	GIENES	REG. NO.	0 0		1 2
I. DE	CEASED NAME	FIRST		WIDDIE		LAST	2a DATE O		ONTH DAY	YEAR	2h HOUR
27"	PPRINT)	Ralph	Lee (	GRAY			Nove	mber 1	7,1987		12:20 A
3. SE	X		4 RACE			OF BIRTH	6. AGE (IN	YEARS LAST BIRTHE	DAY) IF UN	DER 1 YEAR	IF UNDER 24 HRS
	MALE		WHITT	T.	AUG.		81		YRS.	HS DAYS	HOURS MIN.
	IRTHPLACE (STATE O	R FOREIGN		F WHAT COUNTRY	Y2 8			RE CITY OR	COUNTY OF	DEATH	
	VIRGINIA		II C	٨		DIVORCED	TOT	שמים מים	ORGES (	70	
10. C	ITY OR TOWN OF DI	ATH	U.S.		WIDOW	DIVORCED DIVORCED		OCCUPATION			MD. OF BUSINESS OR
	ANHAM		DOCTO	RS HOSP T				RK FOR MOST OF W	VORKING LIFE) IN	NDUSTRY	OUND BUS
13a.	STATE Md.	13b COU	NTY	13c. CITY OR TO HYATTSV	NN	134 INSIDE CITY LIMITS?	13e.STREET 5805	ADDRESS / Z	AVE.		20781
14. F.	ATHER'S NAME	1000				15. MOTHER'S MAIDEN NA	1//	1 6	22123		20 01
	ALLIE		E.	GRAY		DORA		LEE	F	IENDE	
	WAS DECEASED EVE		VE WAR OR DATES	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS			
	NO			578-20	-98061	MARJORIE A	. GRAY	(	SAME A	AS I	TEM #13)
	18 CAUSE OF DEA PART I. DEATH	WAS CAUS	ED BY: TE CAUSE (0)_	(260	hopi	nlmonas	Area	5687		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
NO!	Conditions, if on gove rise to in couse (a), statunderlying course.	ing the	(b)_ DUE TO,	OR AS A CONSEQUENCE COLOR	UENCE OF	neliector		tariesc levas en 508 Egyell abim	lerohic les Disur le Arax	XEARIA!	of outpos
FICAT	19g. DATE OF OPER.	ATION	196 CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTO	OPSY? 2	Ob. IF YES, WE N CERTIFYING	RE FINDING CAUSES	OF DEATH?
ERT	21g. ACCIDENT WAS U	NUEBINING F	7 216 THAT	OF INJURY		21c HOW INJURY OCCUR	YES 🗌	NOD	YES NITEM 18 PART 1		NO 🗌
AI C	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR	A.M. MONTH	DAY YEAR	ZIC NOW INJURY OCCUR	KED (ENTER NA	TURE OF INJURY II	N ITEM 18 PART 1 C	ORPART 2)	
MEDICAL CERTIFICATION	21d INJURY OCCU	RRED	21e PLAC	E OF INJURY STREET, FACTORY, OFFICE		21f LOCATION STREET		CITY OR TOWN	(	COUNTY	STATE
	22a.1 certify that ( sow the decea above, (1) (we)	sed olive or	_11/1	61 57 19		nd that in (my) (our) opinion	deoth occurre	ed on the dote	ond hour and		that (I) (we) lost causes stated
	22b. SIGNATURE	Ramm	ed A	. Man	nan	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA		22c. DATE :	17.8
	MOHA N			WAY	HAH	22. ADDRESS 3715 MT.	RAIN	ODEI	SLAND	) AV	アン
23a. I	BURIAL, CREMATION	, REMOVAL	23b. DATE	230	. NAME OF C	EMETERY OR CREMATORY	23d LOC/				
	BURIAL		11-20-	1987	WASHIN	GTON NAT T.CE	M SII	TTLAND	PO	L.C.	STATE .
24 F	UNERAL DIRECTOR			ADDRESS		25a. DA1	E REC'D. BY R	EGISTRAPOS	EGI YAR	SSIG. JI	USAGE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

W. W. CHAMBERS CO.

RIVERDALE, Md. 20737 NOV 25 1987

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	-11 may 6		age Mane		
				3.0	

	1 -	STATE	K.#87-113					AND MENTAL		1 0	3	5 1	0
058 NOV		REGISTRAR ASED NAM	E FIRST	-	MIDDLE	EXAMIN		AST		DATE KNOWN		DAY YEAR	2b. HOU
	1111	E TOR PRINT)	RUDOLI	PH			GF	RAY		OF ESTI-	X 11-	6 19 87	
PLEASE ECTOR. IR FILES. IHOURS STREET,	3. SEX		4. RACE		AY YEAR	6. AGE (IN YE.	AY) MONTHS	DER 1 YR. IF UNDE	R 24 HRS 2c.	DATE	MONTH	DAY YEAR	1:00
25	M 7n BI	RTHPLACE (	B	2 3			RS.			DEAD BALTIMORE CITY	DE COUNTY		
47		REIGN COUNTRY)		10. 0112211 01	WIIAI COO	INIKI;	MARRIE WIDOWE	D NEVER MAR	RIED		_		* *
1	1	ry or town		(IF NOT IN SUC	CH FACILITY, GIVE	URSING HOME STREET ADDRESS)	, OR OTHE	R INSTITUTION	12a USUAL	Prince GO OCCUPATION (TY TOF WORKING LIFE)		2b. KIND OF BU OR INDUST	USINESS
	JSUA 3a S	LRESIDENCE	136 COUN	OR OTHER INSTITUTIO	N. GIVE RESIDEN	CE BEFORE ADMISSING ON TOWN	ON)	3d. INSIDE CITY LIMITS?	13e. STREET 206	ADDRESS O BLACK	ROCK	AVE.	197
0	FA	THER'S NAM FIRST	E	MIDDLE		LAST		15. MOTHER'S MAII FIRST	DEN NAME	MIDDLE	<del></del>	LAST	
Noisi 3	16a. V (Y	VAS DECEASE ES, NO, OR UNKN	OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	16b. SC	OCIAL SECURIT	Y NO. 1	7. INFORMANT		ADDRES	iS.		
<u> </u>		18. CAUSE C	OF DEATH (Enter on EATH WAS CAUSE	ly ane cause per	line far (a), (	b), and (c).)						APPROXIMAT BETWEEN ONSE	E INTERVAL
AL.		PARITO	IMMEDIA1	TE CAUSE (a)				ounds and	Stab I	Wounds			
AL-TRANSIT PERMIT. MENTAL HYGIENE, DI N, OR REMOVAL.		Canditio	ins, if any, which	DUE TO,	OR AS A CC	NSEQUENCE (	OF						
OR A R R	-	cause (a	ise to immediate ) stating the <u>under-</u>		OR AS A CC	NSEQUENCE (	OF						
HOULD BE USED AS A BURIAL - ARTMENT OF HEALTH AND MEI IOR TO BURIAL, CREMATION, O		lying co	use last.	(c)									
LTH AN REMATI	NO	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DE	ATN BUT NOT RE	LATEO TO THE TERM	INAL OISEASE (	OR CONDITION GIVEN IN I	PART 1 (q).				
A T	MEDICAL CERTIFICATION	19a. DATE O	POPERATION	19b. CON	NDITION FOI	R WHICH OPER	ATION WA	S PERFORMED?				20 AUTOPSY	?
58	TIF											YES VX	NO 🗆
2	I CE	UNDERLYIN	AL CAUSE WAS	HOURS	OF INJURY	est YEAR	21c. HO	W INJURY OCCURE	RED LENTER NATU	JRE OF INJURY IN ITEM 11	8 PART I OR PART	2)	
1	DICA	CONTRIBUT 21d. INJURY	ING CAUSE OF E		P.M. 11	-5 1987 Y JATHOME,	sub	ject was	shot a	nd stabbe	<u>≥d</u>		
	ME	WHILE AT WORK	NOT WHILE X	X STREET,	FACTORY, FARM, Street	ETC.)	320	o blk. La	assie A	ve.,Temp]	le Híľľ	s, Pri	nce
VD, 2		22a I cert	ify that I sook charg	ge of the remains	described of	leve, held an	Autapsy	Inspect	ian .	Inquiry , G	orge s	Co.,	Md.
ZYLAI		death resul	ted from:/ Natur	ral causes	Lecision	D. Su	icid .	Hamicide X	Undeterm	ined manner	,		
RE, AA		ACTUAL SIGNATURE	leu	44/	On	sh!	Miss	Assistar	1t_MEDICA	LEXAMINER	DATE SIGNED	11-6	<del>-</del> 87
TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAR BALLTMORE, MARYLAND, 21201 PRIO	-	EXAMINER'S (TYPE OR PR	(11)	is F. Sr	myth,	y.D.	A	DDRESS_111		t., Balto	o., Md.	2120	1
E A B	(5	PECIFY)	TION, REMOVAL 2			NAME OF CEA	METERY OR	CREMATORY	23d. LOCA	TION	COUNTY	y 5	TATE
4		emova UNERAL DIREC		11-13-8	3/			250. DATE	E REC'D. BY RE	GISTRAR 256 REC	GISTRAR'S SIC	SNATURE	
(5))		NAME	Anatom	v Board	RESS B	alto.,	Md.	NO	V 16		le l'	~ Mandas	12.
, ,,				1						BC/L 11 1/			9

STATE OF MARYLAND

STATE OF MARYLAND

1373	VON	0-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENES  CERTIFICATE OF DEATH  REG. NO.									
			CEASED NAME	FIRST		WIDDLE		LAST		2a. DATE OF DEA	TH MONT	H (	DAY YEAR	26 HOUR
poge 3		(TYPE		ILLIA	M ]	McLENNO	N	GROVE	ES II	NOVEMBE	R	5	1987	8:55A
a do		3. SE		TUDIA	4 RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS I	AST BIRTHDAY		IF UNDER 1 YEAR	IF UNDER 24 HRS
e 4 ctor, s off		1	ALE		BLAC	K	MARC	H 28,	1910	77		YRS.	MONTHS DAYS	HOURS MIN.
2 Bg/	0	7a. Bi	RTHPLACE (STATE OR	OREIGN	76. CITIZEN OF	WHAT COUNT	TRY? 8			9 BALTIMORE			OF DEATH	
The second	1/		EW YORK		U.:	S.A.	WIDOW	_	NARRIED DIVORCED	Princ	e Geo	rge	1s	M
of the ball	3	10. C	ty or town of dea	ATH	11. NAME OF	HOSPITAL, NU	RSING HOME	OR OTHER IN	STITUTION	120 USUAL OCC ITYPE OF WORK FOR CO. CONT	MOST OF WOR		126 KIND O INDUSTRY ELECT	F BUSINESS O
thousand the	7	13a. S	AL RESIDENCE HE NURS	136. COU	VTY	13c. CITY OR	TOWN	13d INSIDE	CITY LIMITS?	13e.STREET ADDI	RESS / ZIP	CODE		
10	<u></u>	_	ARYLAND	Р.	G.	LANDO	VER	YES X	NO 🗌		REICHE	ER S	STREET	20785
X 30 C	50	14. FA	THER'S NAME FIRST  WILLIAM	Мс	MIDDLE LENNON	GROVE			R'S MAIDEN NA/ FIRST BERTHA		DDLE		GRA	
e execute	/		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO	IN U.S. AR			4-9795	17 INFORM	MANT	GROVES,	8624 LANDO	RE1	CHER S'	TREET 20785
2 0 1 K	ě.		18 CAUSE OF DEAT	H (Enter or	nly one couse pe	r line for (o), (b	), and (c),)							MATE INTERVAL ONSET AND DEATH
100 ph	9		18. CAUSE OF DEAT PART I. DEATH W		D BY: TE CAUSE (0)	Metas	Jali. Al		inoma					
equires that signed by Then please to burial, c	njury, or at	NO	PART 2 OTHER SIGN		CONDITIONS C	ONTRIBUTING	TO DEATH BU	NOT RELATE	ED TO THE TERM	INAL DISEASE OR	CONDITIO	N GIV	EN IN PART 110	21
he law re on. has been permit.	à du d	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	DITION FOR WE	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY	IN	CERTIF	S, WERE FINDIN YING CAUSES S	
A d tito	lem 18 sh		210. ACCIDENT WAS UNI	CAUSE OF DE	AIR	OF INJURY A.M. MONTH	DAY YEAR	21c HOW	INJURY OCCURE	RED (ENTER NATURE	DE INJURY IN IT	TEM 18 P.	ART 1 OR PART 2)	
1 6 6 7	norked or It	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY TREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCAT	TION EET	CIT	y OR TOWN		COUNTY	STATE
R ATTENDIN hospital or RECTOR: Af	21 is mo		22a.   certify that (1) sow the decease above, (1) (we) (	ed olive or	11-	5	and them.		y) (our) opinion	, to / c death occurred on	the date or			that (I) (we) las couses stated
the the termination of the Defact	IT: If Item		226. SIGNATURE	nes	Ches	lez	/	MA		MEDICAL TOIRECTOR P	STAFF HYSICIAN		27c. DATE	5/87
ro Hospit etained by TO FUNER should be a	MPORTANT		James C	hesle	y, M.D.	0		22e ADDR	Parr India	on Bldg.	Firs	st S	Street	20640
T o T is	≤ (		BURIAL, CREMATION,	REMOVAL			TMMAEUT	ATERHE	ART ARTORY	23d. LOCATIO	WN		COUNTY	STATE
BP	_		BURIAL		11/9/	87	OF MARY							Y'S,MD.
DHMH - 16 60M	7/84	24 F	JNERAL DIRECTOR			ADDR	555		MON	OG BURG			RAR'S SIGNAT	URE
(VRA 15, 4)		E	DWARD N. B	RINSF	IELD, J	R., LEO	NARDTOW	N, MD.		0 130/	dans	WW.	idon-Ma	DATE.

MONO 8 1881

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# STATE OF MARYLAND

V 27-F VALE		DEPARTMI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE / REG. NO.	3 3 2 0
1. DECE ED NAME (TYPE OR NT)	11 RACE	B. C	10\ 5. DATE 0	HER, SR.	20 DATE OF DEATH MONTH	19,1987 510/01
MALE	CAUCAS		MARC	DAY YEAR	82	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIG		F WHAT COUNTRY?	8. MARRIEI		9 BALTIMORE CITY OR CO	OUNTY OF DEATH
MARYLAND	USA		WIDOWE	D DIVORCED	Mainco Ga	GOES COUNTY ME
LAUREL	CIRCO	ER LRUG	e B	ELSVILE HO	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR PAV	
MARYLAND PE	ME OR OTHER INSTITUTION OUNTY	13c. CITY OR TOWN LANDOVER		YES NO		CODE AN STREET 20784
14 FATHER'S NAME FIRST CHARLES	HENRY	GUYTHER,		15. MOTHER'S MAIDEN NA/ FIRST  MARY	ROSA	BEAL
160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (1F Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SECUR 578-10-11		MARY D. GUYT	ADDRESS HER/WIFE/SAME	
18 CAUSE OF DEATH (En PART I. DEATH WAS C	er only one couse po AUSED BY: EDIATE CAUSE (o)	er line for (a), (b), and (CARD)	9C-	prinowary	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	e DUE TO, (c)	OR AS A CONSEQUEN	ICE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIC	ON GIVEN IN PART I (a)
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONI	DITION FOR WHICH O	PERATIO	N WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
	DE DEATH HOUR	OF INJURY A.M. MONTH DAY P.M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART ( OR PART 2)
OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX.) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	CAT HOME S	E OF INJURY STREET, FACTORY, OFFICE, FAR	M, ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
22a.1 certify that (1) (this sow the deceased ali above, (1) (we) (did) (c	ean 11/	19 19 %	2 , on	d that in (my) (our) opinion o	to	nd hour and from the couses stated
22b. SIGNATURE	L/as	houston	> [	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	226. DATE SIGNED
22d PHYSICIAN'S NAME (	HURST M	1D		7100 BAUT. A	W5 #401 CC	XUEGE PARK ND
230. BURIAL, CREMATION, REMO (SPECIFY) BURIAL				EMETERY OR CREMATORY  NCOLN CEMETERY	23d. LOCATION CITY OF TOWN  BRENTWOOD	PRINCE GEORGES MD
24. FUNERAL DIRECTOR FR	ANCIS J.	COLLINS. J	R.	25a. DAT	REC'D_BY REGISTRAR 25b, 5	who Dandon Rondows

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

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Take the second

FOR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

7 3334

elia Devideon Kandala

- STATE REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 2b. HOUR TYPE OR PRINTS Edna Haire 9:06 October 20 1987 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) JE LINDER 1 VEAR 3. SEX 4. RACE IE UNDER 24 HRS December 11. 1886 Female. White 1.00 To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Minnesota U.S.A. Prince George's WIDOWED DIVORCED [ O. CITY OR TOWN OF DEATH 12a LISUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY House of (TYPE OF WORK FOR MOST OF WORKING LIFE) Upper Marlboro 14200 Rutherford Road Secretary Representatives U.S.Congress) USUAL RESIDENCE (IF Upper Mar Iboro 136 COUNTY 14200 Rutherford Rd/20870 Maryland Pr.Geo's 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Robert H. Helen Haire Sargent 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 14200 Rutherford Virginia Flatley-Marlboro, Md. 20 (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. CONGOSYIVO HEART PAILURE 2 ulaus DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO F 216. TIME OF INJURY 710. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 71e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hespital) attended the deceased from sow the deceased alive on above, (I) (we) (did r(did not) view the body ofter death and that in (my) (ever) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL M.D. PHYSICIAN TO DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINTY 11701 Livingston Rd., Fort Washington, Maryland 20744 Robert M. Nedzbala, M.D. 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Cremation Suitland (Pr.Geo's) Md. 10/23/87 Cedar Hill Crematory 4 FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

Richard A. C Funeral Home

Coleman



1867 9 T VON

98V 25 198

073399

director, page 3 hours after death

the functal director, p

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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NO	V1 3	FOR STATE DEGISTRAR		DEPARTN		EALTH AND MEN		ENE 8 /	NO.	3	3	La	3
	I. DEC	EASED NAME FIRST	A	MODLE	L	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	R
	(11172	DELMAR			HARMAN				NOV	21	87	2:30	)P M
-	3 SEX	(	4. RACE		5. DATE C			AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER	I YEAR	IF UNDER	24 HRS
	1	Male	Caucas	sian	MONTH 7	20 1	915	72	YRS.	MORINS	DATS	HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARI	DIED	9. BALTIMORE CITY	OR COUNT	Y OF DEA	ATH		
5		est Virginia	USA	A		DEXX DIVOR		PRINCE G	FORCES	COII	NTV		MD.
4	il) CI	ty or town of DEATH  Laurel	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET	G HOME C ADDRESS)	OR OTHER INSTITUT	ION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Tire Bui	TION TOF WORKING L	12b. K	CIND OF	BUSINE	W-117
*	Al JA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,		BELTS'	VILLE HOS	PITAL	TITE Dai	.100,1	1	acc	OLy	
5	M		ward	Ann. Jo			) [X	Box 111		701			
3	1	THER'S NAME Sameek	WIDDLE	Harma	an	15. MOTHER'S MA Edn		E MIDDLE		Ba	rkl	ey	
7	160 W	VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 236-14-		Carol Box 1	yn H	arman nnapolis	RESS	. MD	2	070	1
7	MEDICAL CERTIFICATION	Canditians, if ony, which gave rise to immediate couse (o), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (  210. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTHEY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE OT WHILE AT WORK  AT WORK  220.1 certify that (I) (this hospi	DUE TO, OI  CONDITIONS CO  TO DE  TO	TION FOR WHICH CULLULA FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, F	DEATH BUT  OPERATIO  AY YEAR  19	e Heav NOT RELATED TO WAS PERFORME	reli		20b. IF YE IN CERT Y	ES, WERE IFYING C.	FINDIN AUSES (	OF DEAT	H?
		saw the deceased alive an abave, (I) (we) (and) (did no 27b. SIGNATURE	t) view the body	120/ 198	/	DEGREE ATTE	NDING SICIAN		TAFF			auses sto	
		ABDUL	NA)Y	EEM, I	MID	27e. ADDRESS	3457 (AU)	REL, I	M.D.	20	E K	7	
4	-	Burial, CREMATION, REMOVAL SPECIFY) Burial UNERAL DIRECTOR NOTE CK Fune	11/24 ral Ho	1/87 H	i11si	de Mem	Park 250. DATE	23d LOCATION CITY OR TOWN A.K. FOR REC'D. BY REGISTRA	Sı	COUNT LIMM i STRAR'S S	+	Oh	io
		7601 Sandy	Sprin	g Rd La	urel	MD 201	שישיע	4 1 43/	Grean)	exeden	-/4	A. Carrie	-

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician or should be detached for use as the burial-transit permit. Then please remove carbon popers. Pawith the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal. MPORTANT: If Item 21 is marked or Item 18 shows ony injury, ar other troumatic event,

retained by the hospital ar attending physician.

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Total Control of the control of the

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ATTENDING PHYSICIAN, The

TO HOSPITAL

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filled in by the funeral director, page 3 and be filed within 72 hours after death

titicate be executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

		FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG	REG. NO.	3 3	2 4
1	1. DEC	EASED NAME	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	(TIPE	OR PRINT)	ORNE LEWIS	H	ARRELL	17 -	987	5:25 M
	3. SEX		4. RACE	5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
1		Male	White	Jül	ÿ 19°, 19°2°5	62 <sub>YF</sub>		1
1	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH	0
		shington DC	USA	WIDOW		MINER C	50000	CO MD.
	0	LINTON	11, NAME OF HOSPITAL, NURSII (IFNOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	HOSPITH	12g USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKIN  Mechanic	G LIFE) INDUSTRY	tomob ile
0	130. S	aryland St	other institution, give residence before ITY 136 CITY OR TOV Mary 's Hollywo	VN _	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP C	15 	20636
9			MIDDLE LAST		15. MOTHER'S MAIDEN NA	Lucille	<b>7</b>	ASI _
	Sec.		nklin Harre		Hazel	LUCILLE	Pay	ne
		YAS DECEASED EVER IN U.S. AR. YES WWII	MED FORCES? 166 SOCIAL SECT E WAR OR DATES) 577-24		June C H		me as #	
25		PART I. DEATH WAS CAUSE	lly ane cause per line far (a), (b), and D BY:	الم الدين	VI HEART F	an lune	APPRO BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
١		the state of the	DUE TO, OR AS A CONSEQU	ENCE OF	NUMPULE		1/	DC
١		Conditions, if any, which gave rise to immediate cause (a), stating the	(b)	OK.	2017-0204112	1 .	- 7	<u> </u>
١		underlying cause last	DUE TO, OR AS A CONSEQUE	MC	OBSTRUCTIVE	almorning discu	HE YK	9'1
	NOI	PART 2 OTHER SIGNIFICANT C	MelliTVS.	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	la
1	CERTIFICATION	190. DATE OF OPERATION	MOTURE OF	C Ten	ON WAS PERFORMED		YES, WERE FIND RTIFYING CAUSE YES [	
1		210. ACCIDE IT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART   OR PART 2}	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19				
	MED	21d. IN JURY OCCURRED  WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)	21f LOCATION STREET	CITY OF TOWN	COUNTY	STATE
	2		attended the deceased fram.	M	19 79	to 100 9	1987	, that (I) (ne) last
		saw the deceased alive an	11/20/00	170	nd that in (my) tour) opinian	death accurred an the date and	haur and from the	
		77k SIGNATUR	Ty view the body after death.		DEGREE	MEDICAL CTAFF	22c. DAT	ESIGNED
,		- flui			ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		9187
		FRANK M.	RYANM.D.		940 JUDA	author thich?	FT. WAY	hMd
		URIAL, CREMATION, REMOVAL	Nov 12,1987	Wash	ington Nati	onal Cemeter	y Suitl	and stateMd
	24 FU	NAME ROBert E	Wilhelm Suit	land	, Md 250. DN	OLE OF BAPE SPACE	GISTRAR'S SIGNA	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this inhould be deteched for use or the bitter the Stote Dept. of Health and M. MPORTANT, If them 21 is marked

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LISHVA TO BELLEVINE SALVAST A SEAST

Tonya Harris-daughter-146 42nd St. Apt # G42 Washington Washington CAND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE LERMIN ALD JSE ASE OF CONDITION GIVEN IN PART 110 206 IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23h DATE CITY OR TOWN Cemetery Suitland Lincoln Memoria Md. BY REGISTRAR 256 SEGISTRAR & SIGNATURA Home-4001 Benning Funeral

STATE OF MARYLAND

YEAR

IF UNDER I YEAR

INDUSTRY

Harris

30

26 HOUR

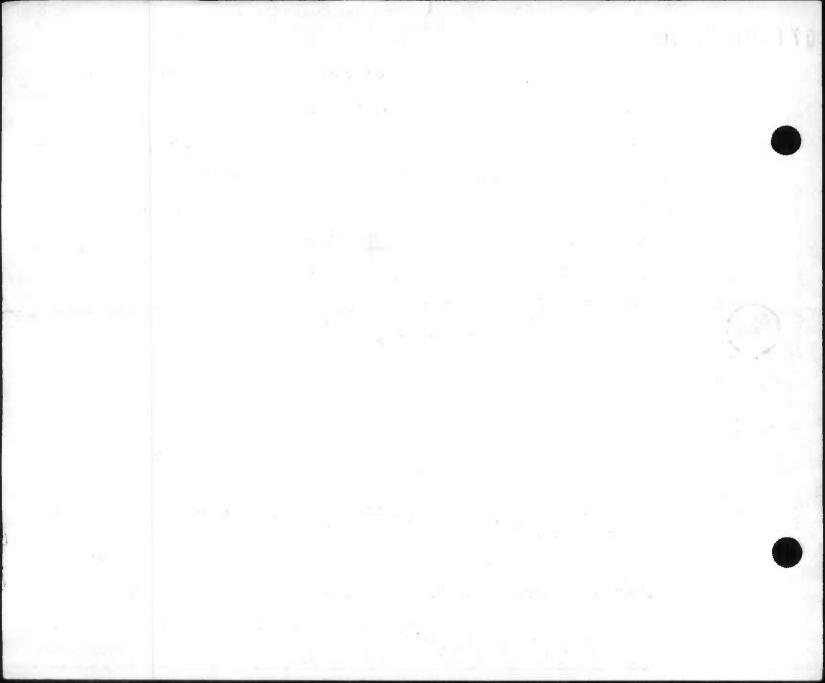
12b. KIND OF BUSINESS OR

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DHMH - 16 60M 7/84 (VRA 15, 4)

7 1 5 9 0 NOV 12	167	Film G633 item FOR STATE REGISTRAR	n 7a 11/10/		NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	-	G. NO.	3 3	2 6
T		ASED NAME FIRST		MIDDLE	l	AST	20 DATE OF DEAT	H MONTH DA	Y YEAR	2b HOUR
2 75	(TYPE O	ROBER	T CLAREI	ICE	HA	RRISON		OCT 28	1987	5:00a M
2 20 / 3	SEX		4 RACE	,02	5. DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	UNDER I YEAR	IF UNDER 24 HRS
1 0 1		Male	White	е	Dec	28, 1916 YEAR	70	YRS	INTHS: DAYS	HOURS MIN.
2 程	a. BIR1	HPLACE ESTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1	XX NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY	)F DEATH	
\$ \$5 9 C		owa Idaho	USA		WIDOWE		Prince	George':	3	MD.
1 11/10		r OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET LM Grow H	ADDRESS	DR OTHER INSTITUTION	120 USUAL OCCU (TYPE OF WORK FOR M Ret Mi	OST OF WORKING LIFE)		F BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that it desired to be executed within 24 hours of confidence has been signed by the patrioding physician.  Where this certificate has been signed by the patrioding physician and completely filled as to so she buriod-rounsit permit. Then please reminiscention appears the prior to buried confidence prior to buried, commercial confidence prior to buried. Commercial confidence of the plant of the purpose of the p	13a. ST		OUNTY	GIVE RESIDENCE BEFORE 130. CITY OR TOW Fairfax	admission) N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDR 4211 Le		92	2032
1 13 1	4 FAT	HER'S NAME		LAST		15 MOTHER'S MAIDEN NA	ME	215	1451	
AAR TO TO TO	]	Roy C.	Harris			Rosa	MIDI	JIE .	Dwiggir	18
H 10 17 17	60 W	AS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	A	DDRESS		
OW TO TO TO	Y	S, NO OR UNKNOWN) (IF YE	S GIVE WAR OR DATES)	453-14-5	897	Martha L. H	arrison	See #13		
BALT orie to spens	$\neg$	18 CAUSE OF DEATH (Ent. PART 1. DEATH WAS CA	er only one cause pe	r line far (a), (b), an	d (ch.)				BETWEEN C	MATE INTERVAL ONSET AND DEATH
	-1		DIATE CAUSE (a)	ASYSTOLE	3				_	
NO TO THE PARTY OF	- 1		DUE TO, O	OR AS A CONSEQUE		_				
	- 1	Conditions, if any, whice gave rise to immediate		CARDIAC	ARRES	T			-	
4 4 4 4	- 1	cause (a), stating the underlying cause fas	e DUE TO, C	DR AS A CONSEOUI	ENCE OF					
201 y thus so the please to please t	1		NT CONDITIONS	ONTRIBUTING TO	DE ATH BUI	NOT RELATED TO THE TERM	AIN AL DISEASE OR	CONDITION GIVE	N IN PART 1:c	
auir quir sign Then to b		PART 2 OTTER STORT TO		.074410071040						
been been prior	CERTIFICATION	90 DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY		WERE FINDIN	
TALRE ICCION. The ICCION. The Hos asit per regione	E						YES NO			ио 🗆
N OF VITA SICIAN: Th ng physicic certificate riol-tronsit rental Hygie frem 18 sho	Ü	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE C	DE INJURY IN ITEM 18 PA	RI I OR PART 2)	
ON OF HYSICIA ding pl is certif buriol-1 Mental	3	(IF EITHER NOTIFY MEDICAL EXA	OF DEATH	P.M.	19					
DIVISION OF VIT	MEDICAL	214 INJURY OCCURRED	LAT HOME S	OF INJURY	FARM ETC )	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
DIVISIG DING PH After this e os the 15 of norked of	2	WHILE NOT WHILE AT WORK					20.		UP -	
00 400 8	_ [	22a.1 certify that (this	00 00	the deceased fram_	Λ-	<u>CT</u> 19 87				thatXIX(we) last
TTENE Spital TTOR: for us of He	- 1	saw the deceased alimabove XIWwe) (did)			۰,۰	nd that in (XXX (our) apinion	death occurred on	the date and hour		
OR ATT OR ATT DIRECT DIRECT Doched fo Dept. of	- [	22b. SIGNATURE				DEGREE ATTENDING	MEDICAL	STAFF	22¢ DATE	
- + - + o -	1	0//	1 6000			PHYSICIAN		HYSICIAN 🔯	28 (	OCT 87
COSPITA med by FLINERA did the 36or 1 the 51or		224 PHYSICIAMS NAME				22e ADDRESS		-		
5 5 5 5 6		LIBERATUS A.	DEROSA,	MAJ, USAF	MC	MGUSAFMC, A			31-530	0
000000		URIAL, CREMATION, REMO			_	CEMETERY OR CREMATORY	23d LOCATION	WN	COUNTY	STATE
/4/88/44	В	urial \\	1 19/30	/87 A	rling	ton National	Cem Arli	ngton		Va.
DHMH - 1% 60M 7/84		NERAL DIRECTOR	D Jane	in Del Solss		AMO	TE REC'D. BY REGIS		COLDEN	Pandage
(VRA 15, 4)	Ev	erly Funeral	Home 105	65 Main S	t Fai	rfax, Va. NU	A 0.9 130	Burn	,	



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CERTIFICATION

MEDICAL

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

HARTSING

CERTIFICATE OF DEATH

DAY

REG. NO 2n DATE OF DEATH 2b. HOUR 11-22-87 10:55A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS HOURS 76

4 RACE White	5. DATE OF BIRTH
	4 RACE

Τ.

To. BIRTHPLACE (STATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? Ohio

ISARFLIE

FIRST

MARRIED TYNEVER MARRIED WIDOWED

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

YEAR

PRINCE GEORGE'S COUNTY 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY

**BALTIMORE CITY OR COUNTY OF DEATH** 

office manager IIS DA 13e.STREET ADDRESS / ZIP CODE 4718 Muskogee St. 20740

CHEVERLY PRINCE GEORGE S HOSPITAL CENTER
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1136 COLINIY 13d INSIDE CITY LIMITS? Prince George College Parkyes X

MIDDLE

IMMEDIATE CAUSE (a)

Loop 166 SOCIAL SECURITY NO.

Nettie 17 INFORMANT

15 MOTHER'S MAIDEN NAME

MIDDLE

ADDRESS

Jone # ST

160. WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST

18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:

579-42-5620

Tyler F. Hartsing Sr. Same as

INOR FAILURG

APPROXIMATE INTERVAL month

Conditions, if any, which gave rise to immediate cause (o), stating underlying couse lost.

190 DATE OF OPERATION

21d INJURY OCCURRED

WHILE NOT WHILE AT WORK

FOR

1. DECEASED NAME

14 FATHER'S NAME

Curtis

CITY OR TOWN OF DEATH

(TYPE OR PRINT)

3. SEX

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To

20a AUTOPSY?

NO

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

220 I certify that (I) (this has utal) attended the deceased fram,

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR РМ 21e PLACE OF INJURY

(AT HOME STREET FACTORY OFFICE, FARM ETC.)

211 LOCATION

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

CILY OR TOWN

opinion death accurred on the date and have and from the causes stat

STAFF

DIRECTOR | PHYSICIAN |

CITY OF TOWN

STATE

saw the deceased allee an above, (I) (who (did) (did of) view the body after death. 22b. SIGNATURE

224 PHYSICIAN'S NAME LTYPE OF PRINT

23b. DATE

11/23/87

22e ADDRESS

and that in (my) (a

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Metropolitan Crematory

7500 HADOWER RULY

MEDICAL

ATTENDING

22c DATE SIGNED

DIRECT

be detocl ±

FUNERAL Dayld be deto

Donard Decorporate 4400 Powder Mill Rd Beltsville Ma 20705 DHMH - 16 60M 7/B4 (VRA 15, 4)

Cremation

23a, BURIAL CREMATION, REMOVAL

Alexandria Fairfax Virginia

WOV 25 1987 61 King Buller

2-5

072736

by the funeral directar, page 3

physician and cample

After this certificate has been signed by the attending physicion and a easthe burial-transit permit. Then please remove carban papers. Pages

IMPORTANT: If them 21 is marked at them 18 shows any injury, at other traumatic event, th should be detached for use as the buriah-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

FOR

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

3

VZ	3,8	REGISTRAR				CERTIF	ICATE OF DEA	TH	REG.	NO.		
1	I. DEC	EASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH		DAY YEAR	2b HOUR
- 1	{TYPE	OR PRINT)	than	nie!	PAUL	Ho	urvey_		Novemb	per 1	5 1981	10 PM
	3. SE>	male		Caucas	itan	5. DATE C	DAY	YEAR 13	6 AGE (IN YEARS LAST	BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
5	M	RTHPLACE (STATE OR OUNTRY) ARYLAND	FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MAR	RIED -	9. BALTIMORE CITY PRINCE	OR COUNT GEORGE	S	MD
色	A	TY OR TOWN OF DE		PRESID	HOSPITAL, NURS IF TH FACILITY, GIVE STREET ENTIAL WO	ODS N			120 USUAL OCCUP. (TYPE OF WORK FOR MO: MAINTANA)	ST OF WORKING	LIFE) INDUSTRY	MANOR
35	13a. S	ALRESIDENCE (# NUR TATE ARYLAND THER'S NAME	13F CONV	OTHER INSTITUTION, ITY GOMERY	13t. CITY OF TOV	VN .	13d INSIDE CITY I YES NOTHER'S MA		13e. STREET ADDRES		BLVD EA	ST 2090
.7		BOYD		N.	HARV		BER	TIE	MAE	DEC.		COMB
2		VAS DECEASED EVER ES, NO OR UNKNOWN) O		MED FORCES? E WAR OR DATES)	220-10-		DALE J.	SON HARV	EY/TERRACI	11		
	CATION	Conditions, if ony gove rise to im couse (a), stating underlying couse	mediote ng the e last.	(b)	R AS A CONSEQUENT ON TRIBUTING TO	ENCE OF	NOT RELATED TO	THE TERM	IN AL DISEASE OR CO	ONDITION G	IVEN IN PART 10	0
2	CERTIFICAT	19a. DATE OF OPERA	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN FIFYING CAUSES YES	
9	CAL	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED 21d INJURY OCCUR	CAUSE OF DEA	HOUR A.	OF INJURY  .M. MONTH D  .M.  OF INJURY	AY YEAR	21c. HOW INJUR	RY OCCURE	RED (ENTER NATURE ÓF I			m .
	MED	while NOT WAT WO 22a.l certify that (I saw the decease above, (I) (we) (	ORK (this hospi	tal) attended H	redeceased from 19	6/11	STREET	19 <b>87</b>	, to	s town		
Programme of the second		226. SIGNATURE  MUM  226. PHYSICIAN'S N  MYRON	2	Lew	ku	W)	DEGREE ATTE PHY 22e ADDRESS	230	9 SHOR	STAFF SICIAN D EFIEL MO	D RD	signed 6/8)
		SURIAL, CREMATION SPECIFY) BURIA		NOV 18	, 1987 G	NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION CERY SILVE	R SPRI	ng°Mönt	MD STATE
		UNERAL DIRECTOR			ADDRESS	JR. ING. N	D 20901	NOV	2 0 1987	AR 25b. REG	STEP STANKE	TORE 1

24 FUNERAL DIRECTOR FRANCIS J. COLLINS, JR.
500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

TO HOSPITAL

BP.

072

NOV 2 0 1987

FOR

Martin Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated 22c DATE SIGNED NOVEMBER 87 MALCOLM GROW MED CEN, AAFB, MD 20331-5300 STATE Burial 0Nov1987 Cedar Hill Cemetery Md Suitland PG 74 FUNERAL DIRECTOR E Wilhelm Runeral Home 250. DATE REC'D. BY REGISTRAR 255, REGISTRAR'S SIGNATURE— DHMH - 16 60M 7/B4 Pandallo Suitland, Md. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍

3 3 3 2

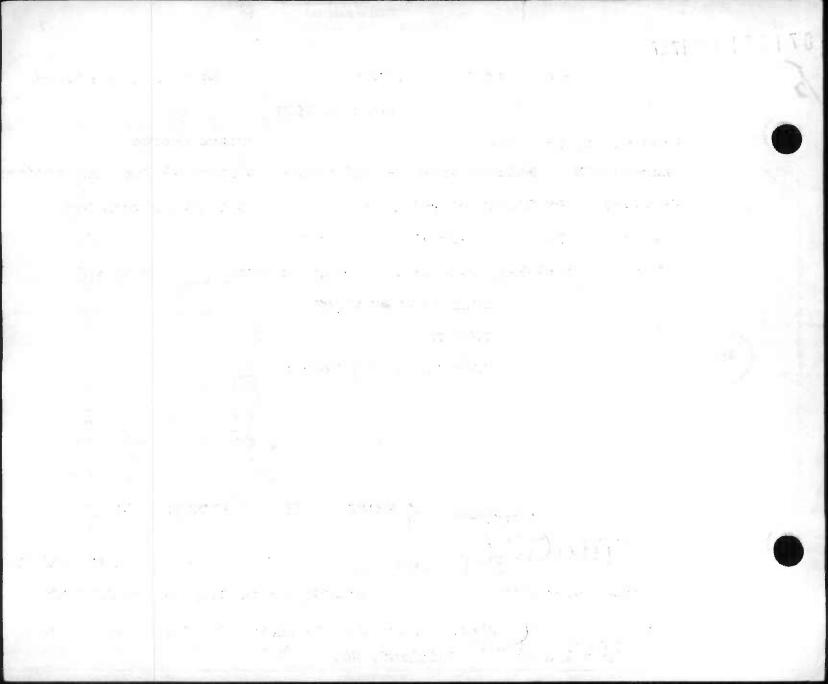
1987

2b HOUR

126 KIND OF BUSINESS OR

Ret Ret

0:09A



MIDDLE

FOR

REGISTRAR

- STATE

IF UNDER LYEAR IF UNDER 24 HRS HOURS **BALTIMORE CITY OR COUNTY OF DEATH** Prince Georges 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Real Estate Broker Real Estat 4922 LaSalle Rd. 20785 Tillman ADDRESS 4025 Hydes Ferry Rd Greer/sister/ Nashville, Tn APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (see ) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED SHOI MACARTHUR BLID NW WASH DC 20016 STATE Burial 24 FUNERAL DIRECTOR Marshall's Funeral Home DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M 9th St NW: Washington, D.C. (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

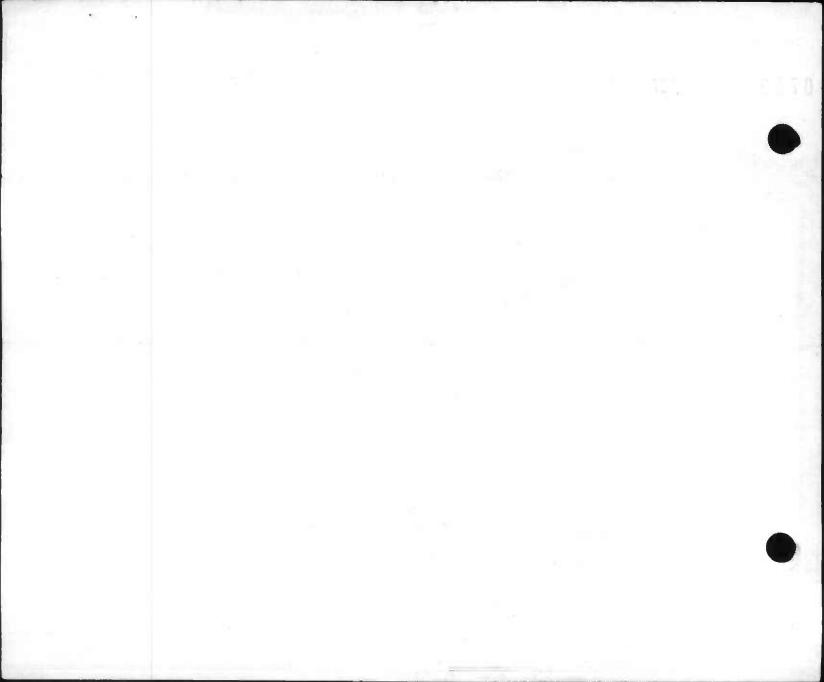
CERTIFICATE OF DEATH

LAST

REG. NO 20 DATE OF DEATH MONTH

2b. HOUR

2



BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IAPORTANT: If Hem 21 is marked or Item 18 shows any injury, or ather traumatic event, the

# STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

D	EC	NO
- r	LU.	140

3

12 709	OR TATE EGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE 7	0.	5 5	5
I. DECEA	ASED NAME FIRST		AIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	Claudi		extra	HAT	CH	November		.1987	12:50A M
3. SEX		4. RACE	•	5. DATE (		6. AGE (IN YEARS LAST BIE	THDAY)	MONTHS DAYS	HOURS MIN.
2100	Female	Caucas		OCT	9, 1946	41	YRS		
7a. BIRTH	HPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D A NEVER MARRIED	9 BALTIMORE CITY C			
	th Carolina	US		WIDOWE		Prince			MD.
	OR TOWN OF DEATH				or other institution  1 of Pr. Geo.(	120 USUAL OCCUPAT	OF WORKING	LIFE) INDUSTRY	
100	nham			-	l of Pr. Geo.	O Secretar	y .	Univ	ersity/MI
13a. STA	RESIDENCE (IF NURSING HOME TE 13b. COL ryland Pr.	or other institution JNTY George s	134. CITY OR TON Mitche	WN	13d INSIDE CITY LIMITS?	5700 Avono	zip co	Srive :	20716
14. FATHE	er's name First Crance	MIDDLE	Wright		15. MOTHER'S MAIDEN NAME FIRST Anne	ME		Phip	ısı p <b>s</b>
	DECEASED EVER IN U.S. A NO OR UNKNOWN) (IF YES, C	RMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SEC 214-48-	7-0	17 INFORMANT Harold James	Hatch Mit	O Av	ondale i	Drive MD 207:
NOI PA	onditions, if any, which gove rise to immediate ouse (o), stating the inderlying cause lost.  ART 2. OTHER SIGNIFICAN:  1. DATE OF OPERATION	(c) CONDITIONS <u>CC</u>		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION C	GIVEN IN PART 1	INGS USED
E						YES NO		YES	NO 🗆
0.0	<ul> <li>a. ACCIDENT WAS UNDERLYING</li> <li>b. CONTRIBUTING  CAUSE OF E</li> <li>(IF EITHER NOTIFY MEDICAL EXAMIN</li> </ul>	EATH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM I	B PART I OR PART 2)	
WE WE	MHILE NOT WHILE WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	21f LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
220	saw the deceosed alive a above, (I) (we) (did) (did	Nov.	198	27	ober 24, 19, 87 and that in (my) (aur) apinion a	to <u>Novem</u>			that (I) (we) lost
1	B. SIGNATURE	eace	Otter death.			MEDICAL STA		22¢ DATE	6.87
	d PHYSICIAN'S NAME (1YP) Ata Moshyedi					Annapolis	-		
	RIAL, CREMATION, REMOVA				emetery or crematory ncoln Cemetery	23d. LOCATION			e's, Mo
	eral director NAME all Funeral H	In I Lak	16000 A Bowie	nnapo MD 20	Lis Road 250 DATE NOV	1 9 1987	25b. REG	ISTRAR'S SIGNA	TURE

Seath enhances

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AND THE

njury, or other traumatic event,

18 shows

or Item

MPORTANT: If them 21 is marked

FOR STATE REGISTRAR			DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		REG. NO.	3 3	3 2
DECEASED NAME	FIRST	WIDDLE	ι	AST	2a. DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
TTPE OKPKINT)	ALICE	MAR	IF HA	WKINS	1	1 4	1987	6 45 AM
SEX		4. RACE	5. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
Female	e.	Black	Jun	1 10 1 1		76 YR	MONTHS! DAYS	HOURS MIN.
	ATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE	CITY OR COUN		
MD.		U. S. A	MARRIE WIDOWE	D NEVER MARRIED D	PRIM	VCE 6	CORGE	S MD.
CITY OR TOWN C	OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OC			F BUSINESS OR
CHNTON	MD	Sou TH	Y, GIVE STREET ADDRESS)	yland Hospita	House	OR MOST OF WORKING	G LIFE) INDUSTRY	ome
SUAL RESIDENCE ( b). STATE M'D.	IF NURSING HOME OR	OTHER INSTITUTION, GIVE RES ITY 13c. CI		13d. INSIDE CITY LIMITS?	13. STREET AD	BOX HE	DDE #	659
FATHER'S NAME		MIDDLE	1.77	15. MOTHER'S MAIDEN NA				
John		B	mak 3	Rosie	,	MIDDLE	Ruh	AP
. WAS DECEASED	EVER IN U.S. AR	MED FORCES? 166. SC	CIAL SECURITY NO.		ghter	ADDRESS 12	HI Howar	- a R. 1 3
LYES, NO OR UNKNOV	VN) (IF YES, GIVE	E WAR OR DATES)	-30-21 NG	ChinA	3 8	-trans		1 70
140		12/19	20 78030	SMIFIED A	NVI JUNE	ciney	Washing	TON P.C
PART I. DEA	ATH WAS CAUSE	ly one couse per line for DBY:		ric Dis			BETWEEN	ONSET AND
1	IMMEDIAT	E CAUSE (a)	TASTA	1 6 012	ease			
		DUE TO, OR AS A	CONSEQUENCE OF					
Conditions, if		( 1b) C1	RCINOM	1 07 601	8 N			
gave rise to		DUE TO, OR AS A	CONSEQUENCE OF	/				
underlying	cause lost.	(c)						
PART 2. OTHER	R SIGNIFICANT C	107	UTING TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE C	R CONDITION	GIVEN IN PART 11	71
					THE DIOLAGE C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OTTETT IN TAKE THE	J.
190 DATE OF O	PERATION	196 CONDITION E	OR WHICH OPERATIO	N WAS PERFORMED	20g AUTOPS	Y2 286 IF	YES, WERE FINDIN	JGS LISED
				THE STATE OF THE S		IN CER	RTIFYING CAUSES	
210. ACCIDENT W						0 📗	YES _	NO 🗌
	G CAUSE OF DEA	216. TIME OF INJUI		21c. HOW INJURY OCCUP	RRED (ENTER NATUR	E OF INJURY IN ITEM	18 PART 1 OR PART 2)	
100 5171000 110000	FY MEDICAL EXAMINER		19					
21d. INJURY OC	CCURRED	21e PLACE OF INJU		211 LOCATION			COUNTY	
AALITE	NOT WHILE	(AT HOME STREET, FACT	ORY, OFFICE, FARM, ETC.)	STREET		ITY OR TOWN	COUNTY	STATE
		0 0 1 1 0 1	sed from 10	115 4	7	14	6 9	
	nat (1) (this hospit	al) ottended the deced	ised from 87	, 19	, ta	17	. 19	that (I) (we) last

saw the deceased alive an above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED NOV 4 - 87

22d PHYSICIAN'S NAME (IVPE SPRINT)
HELEN CAPONS MI

7501 SHRRAT

Ad #105 MD 20735

230 BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CR

23d. LOCATION

COUNTY STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

NAME AD

NOV 0 9 1987

- wirdson Bondon

# M CALABA SAND ALLA

Approximated to a few all and particular particular and a second state.

Service of the second service of

A Commercial and an analysis of the

Martingey Francy Home Heaven House Hold Ball to

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, the medical exoruine

# STATE OF MARYLAND

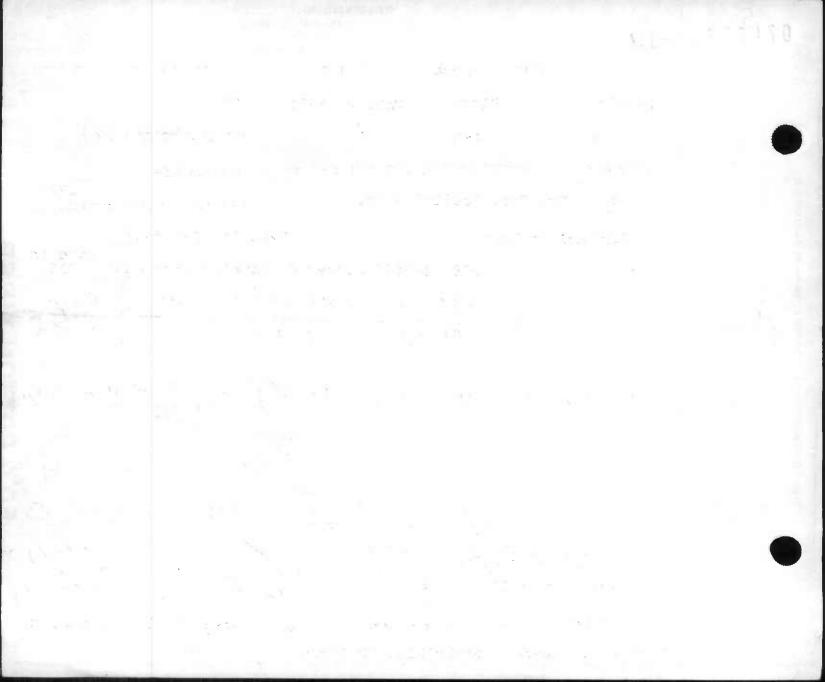
DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

1		600	13	200	-		
	REG. N	10.					
TE OF	DEATH	MONTH	DAY	YEAR	2 b	HOUR	
	9 9	70	0.7		L	700	

OKEO DIRAR							REG.	NO.		
1. DECEASED NAM	E FIRS1		MIDDLE	1.	AST	2a. DATE	OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYPE OR PRINT)	M	ARIE	Ruth	H	AWKINS	i	11	30	87	5 30PM
3. SEX		4 RACE	_	5. DATE C		6 AGE (	N YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN
Female		B3	ack	Feb	8, 1915	72	2	YR	S	
O. BIRTHPLACE (	STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	2 8 MARRIE	NEVER MARRIED			_	NTY OF DEATH	
MD			USA	WIDOWE	D DIVORCED	PRI	PRINCE GEORGES COUNTY			
ID. CITY OR TOWN	RLY	PRINCE	CHGEORGES	'APPESSP I	TAL CENTER	(TYPE OF W	OCCUPA ORK FOR MOS	TOF WORKIN		OF BUSINESS O
USUAL RESIDENCE	131 Pr	MIYGEO.	GIVE RESIDENCE BEFORE	WN Hgts	13d. INSIDE CITY LIMITS		T ADDRES		ont Ave	20743 nue
14 FATHER'S NAMI FIRST Mi	chael d	Jacksor	LAST		15. MOTHER'S MAIDEN	sabel:				AST
160 WAS DECEASE		RMED FORCES?	166 SOCIAL SEC	URITY NO.	17_INFORMANT		ADD	RESS	S	ame as
No	J. 123. O	THE WAR OR DATES!	218-30-	-3445	Lester F.	Hawk:	ins	(Husk	oand)	#13
18. CAUSE O PART I. D	EATH WAS CAUS	nly one couse pe ED BY. (TE C AUSE (o)	r line for (0), (b), o	10 - 1	nteglin	al t	Blee	Herry	APPRO BETWEED	XIMATE INTERVAL NONSET AND DEATH
gove rise	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF The control of the course (b) The course of						LL	reeli		
	WILL OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10 WILLIAM PART WELLOW SUMMER STREET OF CONTRIBUTION OF CONTRIBUTIONS CO									
190 DATE OF	OPERATION	196 CONE	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AL	)TOPSY?		YES, WERE FIND RTIFYING CAUSE YES [	
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF D	ATH HOUR A	OF INJURY M. MONTH [ M.	DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER	NATURE OF IN	JURY IN ITEM	18 PART   OR PART 2)	
(IF EITHER NO.  21d INJURY  WHILE AT WORK		21e PLACE	OF INJURY FREET, FACTORY OFFICE,	, FARM, ETC )	211 LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
	22a. Lecrify that (1) (this hospital) attended tife deceased from									
226. SIGNAT	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12									
CE SI	AN'S NAME (TYPE	OR PRINT)	vo JR	n ge	22e ADDRESS 1/9	car	eve	1 St	und-	2079
23a BURIAL, CREM				NAME OF C	EMETERY OR CREMATO	RY 23d LC	CATION CITY OR TOWN		COUNTY	STATE
Ві	rial	12-5-	-87 As	sh Me	morial Cen				ng Moi	ntg.e.W
24 FUNERAL DIREC			ADDRESS		1	DATE REC'D. B	YPEGISTA	AR 251	Phylipse in the second	MEET IN
George	R. Sno	wden	Rockvil	le, M	ID 20850	Pro C	T. ISA	10		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP



Item 1, Film G634 12-14-87

DHMH - 16 60M 7/84 (VRA 15, 4)

per funeral home

3 SE	X		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		ONTHS DAYS	HOURS MIN.
	Male		Cauca	sian	Jun	e 8, 1922 YEAR	65	YRS.		MIN.
	RTHPLACE (STATE OR FO	DREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY	OF DEATH	
	exas		U.S.A	. 1	WIDOWE		Prince	Georg	e's	MD.
10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON	12b. KIND OI	F BUSINESS OR
1	Lanham.		AMT Do	octors Ho	spita	1	Electroni	c Eng.	Nava.	l Research
130. 3	AL RESIDENCE (IF NURSIN	13b. COUN	OTHER INSTITUTION	13c. CITY OR TOW Greenbe	E ADMISSION)	134. INSIDE CITY LIMITS?	136.STREET ADDRESS / 5833 Cherry	ZIP CODE	Terrace	e-20770
	ATHER'S NAME					15. MOTHER'S MAIDEN NA	1			
3	James Henry		Hea	drick		Mertie	Alice		Cop	
16a V	WAS DECEASED EVER I			166. SOCIAL SECU	URITY NO.	17. INFORMANT	ADDRE		ta Pla	~~
(	yes, no or unknown) No	(IF YES, GIV	E WAR OR DATES)	450-05-	-5158	James M. He	adrick	saraso sville	_	vland—
	18 CAUSE OF DEATH	(Enter on	ly ane cause per	line for (a), (b), an	id (c).1	2-	4-		BETWEEN	MATE INTERVAL DINSET AND DEATH
	PART I. DEATH WA		E CAUSE (o)	rasol	orlas	sixalon on	rest'			
			DUE TO O	R AS A CONSEOU	ENCE OF					
	Conditions, if any,	which	(b)	CA						
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying cause	lost.	(c)	S. On	0	skelmelo	5			
	PART 2 OTHER SIGN	IFICANT C		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVE	N IN PART 1to	,
NO										
ATI	190. DATE OF OPERATION 196. CONDITION F			ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
MEDICAL CERTIFICATION							YES NO	YES	ING CAUSES	NO []
CER	210. ACCIDENT WAS UND		110110 4		AV VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PA	RT   OR PART 2)	
AL	OR CONTRIBUTING C			M. MONTH D M.	AY YEAR					
Ö	21d. INJURY OCCURR		21e. PLACE	OF INJURY		211. LOCATION	5.00 CO CO		COUNTY	STATE
X	WHILE NOT WHI	ILE 🔲	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC ]	STREET	CITY OR TO	MM	COUNTY	STATE
	22a. I certify that (I)		tal) attended th	ne deceased from	11/3.5	10 87	10 11/27	1	0 47	that (I) (we) last
	sow the decease obave, (1) (we) (d	d olive on	11/37	19	001	that in (my) (aur) apinion	death accurred on the do	te and hour		
	226. SIGNATURE	na) (dia na	1) view the body	difer death.		DEGREE			22c DATE	SIGNED
	Melvis	2				M.D ATTENDING	MEDICAL STAF	F IAN []	it/-	28/87
	22d PHYSICIAN'S NA	ME (TYPE C	R PRINT)			22e ADDRESS 6510	KENII WOR	THAV	1E #1	480
	(/M.	240	CH			RIVER DALE	_	737	5 1.	
23n	BURIAL, CREMATION, I	REMOVAL	123b DATE	1 736	NAME OF C	EMETERY OR CREMATORY	73d LOCATION			
200.	Burial	NEMO TAE				en's Cemetery	Clarendo	n. Tex	COUNTY	STATE
	UNERAL DIRECTOR						E REC'D. BY REGISTRAR	25h REGISTR	RAR'S SIGNAT	URE
	veš-Pearsor	ı Fiin	eral Ho	MAC ADDRESS	naton			Julia	Danies	. Randows
		. rull	crar no.	mes, All	ing ton	,va.	- O 1 130/			

STATE OF MARYLAND

**CERTIFICATE OF DEATH** 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b. HOUR

6:50 P<sub>M</sub>

7527 HARTERD RD 21234

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND IFTINDER 1 YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH SEORGE 176 KIND OF BUSINESS OR CENTER HOME MAKER HOME 20740 4330 HARTWICH ROAD EISENWEBBER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STATE NOV. 25, 1987

BY REGISTRAR 256, REGISTRAR'S SIGNA

7.2 0 1 1 1 1 1 2 2 2

Pasing 01 M. S. et 2.

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STANCE OF THE SALE OF THE SALE

STORES OF WEST MANAGEMENT OF STORES

Francisco Commission of the Co

191

72:2: 413.7 Prince Edward Hondersman 7-13-253-4

THE REST VOICE

8	D	1				
7	1	9	2	6	NOV	16
					2.5	1

FOR

- STATE REGISTRAR 1 DECEASED NAME

(TYPE OR PRINT)

CERTIFICATION

MEDICAL

YES NO OR UNKNOWN

## STATE OF MARYLAND DEPARTM

419-40-3602

MIDDLE

ENT	OF	HEALTH	AND	MENTAL	HYGIENE	O
CE	RTI	FICAT	E OF	DEATH		

ERTIFICATE OF DEATH	REG. N	١٥.			
LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
CKS		NOV	07 1	987	3.42

ROBER	T LEWIS 1	HICKS		NOV (	07 1987	3:4	42a
SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	-
Male	Black	M94 <sup>th</sup> 18 <sup>AY</sup>	35**	52 YRS	MONTHS DAYS	HOURS	MI
a BIRTHPLACE (STATE OR FOREIGN AT A Dama	7b. CITIZEN OF WHAT COUNTRY? USA	MARRIED LA NEVER	MARRIED [	9 BALTIMORE CITY OR COUN	TY OF DEATH		,
O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN  JE NOT IN SUCH FACILITY, GIVE STREET,  MAICOM Grove Ho			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING FOOD Manager	126 KIND O INDUSTRY BO 1 1	f BUSINE	

					,		110110801	20111		4 34
SUAL RESIDENCE (IF NURS	13b COM		134 CITYLOR TOWN	1	134 INSIDE CITY LIMITS?	13e STREET A	DDRESS / ZIP CODE	a. 20	フィ	1
rid •	(F	G	Hillcrest	Hgt	SyES NO [	2126	Catskill	Street	/	(
FATHER'S NAME					15 MOTHER'S MAIDEN NA	ME				

	(1-0	marrer coe ing
14 FATHER'S NAME		
Ph 11ip	MIDDLE	Hicks

(IF YES, GIVE WAR OR DATES)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Anna Hicks 166 SOCIAL SECURITY NO

ADDRESS 17 INFORMANT Mrs. Martha Hicks/wife/same as 13e

MIDDLE

Woods

LAST

STATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF MULTISYSTEM FAILURE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. DISSEMINATED CARCINOMA

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19	DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUT		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT			
L						YES 🗌	NO	YES	NO 🗌	
	0. ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY	YEAR	21c HOW INJURY OCCURRE	D (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)		

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.)

WHILE NOT WHILE T 220.1 certify that N (this haspital) attended the deceased from and that in the course stated on the date and hour and from the courses stated

sow the deceased alive on <u>0'( NOV</u> DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF NOV 1987 PHYSICIAN DIRECTOR [ PHYSICIAN \_ 2 PHISICIAN'S NAME LITYPE OF PRINTS 22e ADDRESS

EDUTADD II MAL CA DIL TICATE MC

20221-5300 MC TICAT MC

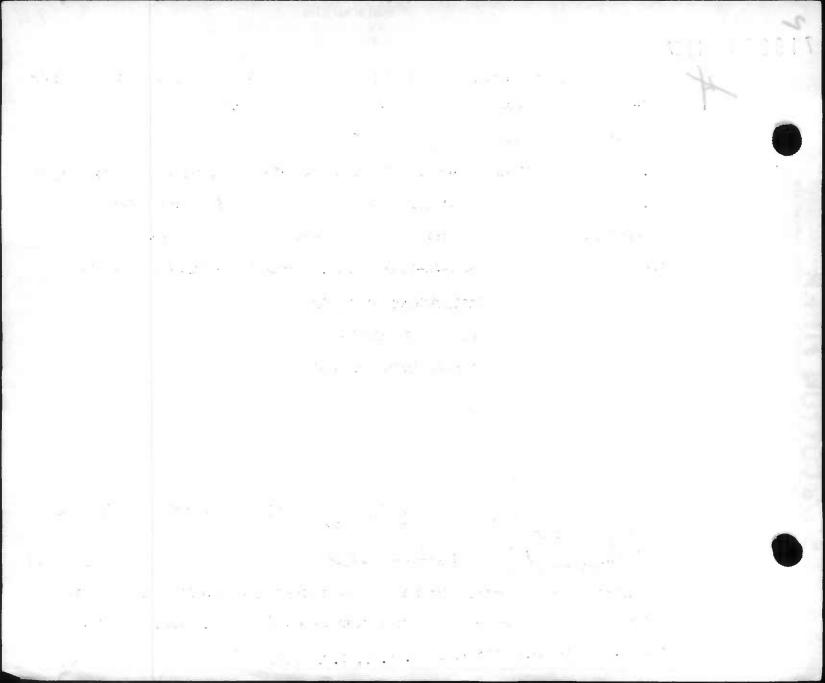
Ft. Myer,

	EDWARD W. KULA	I, CAPI, USA.	r MC	MG	TAGU	TATO	AMDUTMO	ArD,	MU., 2000.	T-130
23o I	BURIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF CEM	AETERY C	OR CREMA	ATORY	234 LOCATION			
	"Burial	11-13-87	Arling	ton	Natio	onal	Ft.	Mver.	Va.	STA

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE ROLL AND 13 1987 24 FUNERAL DIRECTOR Johnam T. Rhines Co., 3015 12th St. N.E., D.C. 2001 NOV

BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., 1 sign Then O FUNERAL DIRECTOR old by detail is the State I PORTANT.

> DHMH - 16 60M 7/84 (VRA 15, 4)



1 - STATE REGISTRAR may bet It inding this icon and campletely filled in by the funeral director, page 3.

medical

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REG. NO.

	PECEASED NAME FIRST  YPE OR PRINT)  WIL	LIE HIC	CKS	2a. DATE OF DEATH	11 02 87	7 21 A
3. 5	MALE	4 RACE BLACK	5. DATE OF BIRTH	6 AGE (IN YEARS LAST	MONTHS DAYS	
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	THE CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARI	CED PRINCE G	OR COUNTY OF DEATH	MD.
	CHEVERLY	PRINCE GEORGE	HOSPITAL CENT		TOF WORKING LIFE) INDUSTR	OF BUSINESS OR
130	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		THETS YES NO	D 1001 58	SHOW CODE	MONT HETS EYLAND
1.	FATHER'S NAME FIRST TAMES	MIDDLE HICK	15. MOTHER'S MA	MIDDLE	HR	ies
160	(YES, NO GRUNKNOWN) (IF YES GIV	RMED FORCES? 166. SOCIAL SECTION APPROPRIATES)	URITY NO. 17 INFORMANT 5-0/05 CLARA	1	RESS PAVE	MARYLAND
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)		plialing Fa	alure	11700	448
	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONCEPT  (b)  DUE TO, OR AS A CONSEQUE  (c)	VEMIA	state Con	100 Z	year
CERTIFICATION		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO		20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED
	OR CONTRIBUTION CALLES OF OF	HOUR A.M. MONTH D	PAY YEAR	OCCURRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	FARM ETC.) 211. LOCATION STREET	CIPO CIPO	Last 83	STATE
	176.1 certify that (1) this house town the degraded also an above (1) see (did did no	SI MOY 10		9 to	Sate and hour and from th	the (D(we) last ne couses stated
	228 PHYSICIAN'S NAME TYPE OF	Kusuy		NDING MEDICAL ST	AFF	2/87
230	SURIAL, CREMATION, REMOVAL	BBNS/14615 M 236 DATE 23c.	7525 Gree NAME OF CEMETERY OR CREA	MATORY 23d LOCATION	( Orce fell)	48 20770
7	BURIAL FUNERAL DIRECTOR	11-7-87 M	ARYLAND NATTI	ONAL LAUREL  25a. DATE REC'D. BY REGISTRA	P. G.	MD.
1	OFFMAN FUNERAL	SERV. 3605 14	ESTN.W	HOV 9 1987	Julia Devidur	Rodall

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be deforched for use as with the Stote Dopt, of Health TO FUNERAL DIRECTOR

IMPORTANT, If Insm 21 is

Committee of the second

DHMH - 16 60M 7/84 (VRA 15, 4)

0 7 3.8 0 9. DEC

	1-	FOR STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL TIFICATE OF DEATH	HYGIENE 💍	REG. NO.	3	3 3	3	9
	TYPE	LEASED NAME FIRSTOS	EPH CLOEN	VELAND H	ICGS 65	20 DATE C	FDEATH MO	1 2C	0-	5:5	2Pm
	1	Male /	Caucasia	HONEY DAY WEAR		6. AGE (IN 51	YEARS LAST BIRTHD	YRS.		IF UNDER 24 HOURS	HRS MIN,
1	Wa	ash., DC	76. CITIZEN OF WHAT USA	MAR	RIED NEVER MARRIED WED DIVORCED	PR	INCE	60	FORE		MD.
	2	TY OR TOWN OF DEATH  LINTON  AL RESIDENCE (IF NURSING HOME OR.)	Souther	RN DOL	HOSPITA	(TYPE OF WO	OCCUPATION RK FOR MOST OF W Cher	ORKING LIFE)	Whs1	Mea	
4	13a. S M 6	TATE No COUN	TY 13c. C	aldorf	134 INSIDE CITY LIMITS YES NO S  15. MOTHER'S MAIDEN		ADDRESS / Z Brian	P COPE	d Pla	ce/2	20601
٤	2	FIRST	leveland	Higgs	FIRST	atherin	e Var	nwert	LAST		
		vas deceased ever in u.s. ara ves, no or unknown) yes 1954	WAR OR DATEST	OCIAL SECURITY NO		Higgs -	ADDRESS Same		13		
		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIATION	y ane cause per line fa ) BY: E CAUSE (a)	cerle	~ ~ml				BETWEEN ON	77	ATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A	CONSEQUENCE OF	1. Strede	- hose	,		ge-	<u></u>	
	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIB	SUTING TO DEATH B	BUT NOT RELATED TO THE T	ERMINAL DISEAS	SE OR CONDIT	ION GIVEN	IN PART 11a		
1	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION	OR WHICH OPERAT	TION WAS PERFORMED	20a AUT	OPSY?	Ob. IF YES, W N CERTIFYIN YES	ERE FINDING G CAUSES O	S USED F DEATH	?
1		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	in .	NONTH DAY YEA		CURRED (ENTER N	ATURE OF INJURY II	ITEM 18 PART I	OR PART 2]		
	MEDICAL	21d. INJURY OCCURRED  WHILE ONT WHILE AT WORK	21e PLACE OF INJ (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STA	1E
		22a I certify that (I) (this haspit saw the deceased alive on abave, (I) (we) (did) (did not	11/2	1 10 87	, and that in (my) (aur) api	nian death accurr	ed an the date	9 , 19 <b>5</b> and have an		at (I) (we	
		22b. SIGNATURE	G MEDICAL N DIRECTOR	STAFF	v []	11/3	1				
		22d. PHYSICIAN'S NAME (TYPE OF CA12 LOT AL		un	22e. ADDRESS 2903 - 36	Ba	da	a.	ent,	mn.	2.73,
	В	URIAL, CREMATION, REMOVAL	12-3-87	Maryl	ecemetery or cremato and Vetera	ns Che	ertenh:		Geo	Μt	ij.
		Unit Funeral	P. (	O. Box 1	111	C'62 19	ISTRAR 25	RESISTERA	A Canada		•

P. O. Box 156
Huntt Funeral Home Waldorf, Md. 20601

DECOSIBER . Trimes

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😤

CERTIFICATE OF DEATH

REG. NO.		
20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
	MONTHS DAYS	MCV//DS A

MIDDLE

200 AUTOPSY?

_ Mf	SIZY T H	iaas	11/9/8	7	6090	M
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR	IF UNDER 24	HRS
Female	Caucasian	01-30-1914 YEAR	73 YRS.	MONTHS DAYS	HOURS	MIN.
To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH		
Maryland	USA	WIDOWED DIVORCED	PRANCE GE	01 605	Ca	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE STREET)		120 USUAL OCCUPATION	12b. KIND O	EBUSINESS	OR
CHINTON	So. MAny	IAND HOSPITAL	Bus Aide	Coun		chls
USUAL RESIDENCE (IF NURSING HOM 130 STATE 135 CC Maryland Pr	e or other institution, give residence by ore DUNTY 13c. CITY OR TOWN GEORGE Waldor!	N 413d INSIDE CITY HAUTS?	13e.STREET ADDRESS / ZIP COU 373 ACCOKE 6	ek Rd./	2060	1

15. MOTHER'S MAIDEN NAME

Leila

100	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	217-64-76	90 J. Leonar		/same as	# 13
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse per /AS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c),)	CONGESTIVE	HEART	FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony gove rise to improve course (a) stationary	which (b)_	R AS A CONSEQUENCE O	ATHEROSCLERO	TIE Carid	ivesc. D's	

DUE TO, OR AS A CONSEQUENCE OF underlying couse

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

Norris

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100

			YES N	0	YES [	G CAUSES C	NO [
 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	CENTER NATUR	E OF INJURY	IN ITEM 18 PART	I OR PART 2)	
21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	C	ITY OR TOW	N	COUNTY	5! ATE

11/2 220.1 certify that (1) (this hospital) attended the deceased from\_

sow the deceosed olive on obove, (I) (we) (did) (did not) view the bod and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated

22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN !

NAME (TYPE OR PRINT) 22e. ADDRESS

23b. DATE

Hayden

20b. IF YES, WERE FINDINGS USED

230. BURIAL, CREMATION, REMOVAL Burial

REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

4 FATHER'S NAME

FIRST

Bernard

190 DATE OF OPERATION

MIDDLE

11-12-87

231. NAME OF CEMETERY OR CREMATORY St. Mary's Ch. Cem

Piscataway Pr. Geo., Md.

24 FUNERAL DIRECTOR Home Huntet Funeral

Quess Box 156 Waldorf, Md. 20601

DHMH - 16 60M 7/B4 (VRA 15, 4)

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prior to bur

the burial-transit and Mental Hygie

MPORTANT: If Item 21 is morked or Item.

injury, ar other traumatic ev

IMPORTANT: If Hem 21 is marked ar Hem 18 shaws any

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FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

**CERTIFICATE OF DEATH** 

٦						KEG. NC	,	
1		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	,,,,,	William	HAVERM	AN	41//, JR.		11-22-81	2130 pM
	3. SEX		4 RACE	5. DATE (		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE	
	M	ALE	WHITE	MA	ŘСН Й5,1937	50	YRS.	
1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH	
1	100	D.	U.S.A.	WIDOWI	ED DIVORCED	PRINCE	YEORGE	S MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE BARBER		O OF BUSINESS OR
7	2	LINTOM !	SOUTHERM	MARY	HYO LTOSPINH	BARBER	. HA	LR
20	13a S	L RESIDENCE (IF NURSING HOME OR TATE			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		
Ż			THE WAL	DORF	YES NO	HWY 382,	BOX 122A	B/20601
1	14. FA	THER'S NAME WILLIAM HA	VERMAN H	ILL, SR	15. MOTHER'S MAIDEN NAM	WIDDLE	GO	ODE
0	16 - 14	AS DECEASED EVER IN U.S. AR		L SECURITY NO.	17. INFORMANT	ADDRE		
7			E WAR ORD ATEC	34-2448			ME AS 13E	
-					TECKEROE			
		18. CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE)	ly ane cause per line far (a), DBY:	(b), and (c).1	10 - 1 - 1	0 . 0 .	BETWE	OXIMATE INTERVAL
	1	IMMEDIAT	E CAUSE (0) 12 Clau	Cahler W	its netastares to	ships, wiver	and brain 1	yr. 6mos
-			DUE TO, OR AS A CON	SEQUENCE OF		0		4
		Conditions, if any, which	( (b)					
		gave rise to immediate cause (a), stating the						
		underlying couse lost.	DUE TO, OR AS A CON	SEQUENCE OF				
			(c)					
	Z	PART 2. OTHER SIGNIFICANT C	OUDITIONS CONTRIBUTION	G IO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR COND	DITION GIVEN IN PART	110
4	CERTIFICATION	19n DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	NA VAVA C DEDEC DAMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGSTISED
7	2	196 DATE OF OPERATION	148 CONDITION FOR	VHICH OPERATIO	ON WAS PERFORMED	ZUO AUTOPST?	IN CERTIFYING CAUS	SES OF DEATH?
	RTI					YES NO	YES 🗌	NO 🗆
		210 ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEA	110110 4 44 440017	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION	CITY OR TO	vn COUNTY	STATE
	×	AT WORK NOT WHILE	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC 1	SIRCE			STATE
		22a.1 certify that (1) (this haspi	tal) attended the deceased	from IN	10 86	· Nov	10 87	that (I) (we) lost
		saw the deceased alive an	11-21	137	nd hot in (my) (aur) apinion o	leath accurred on the da	te and hour and from t	
		above, (1) (we) (did) (did no 22b. SIGNATURE	Liview the body ofter death.		DEGREE			TE SIGNED
		101-21	The shot		ATTENDING M	MEDICAL STAF	F   1	- 23-87
4		22d. PHYSICIAN'S NAME (TYPE O	B DRINT!		122. ADDDESS			- 41
		KYVOOL	Λ		8926 (2004 A	d Rd # 20/	Coupe Lx	2025
		1 - JEMP 11	9				Cancon, 110	20177
		URIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	· ·	BURIAL	11-25-87	CHARLE	ES MEMORIAL	GDNS, LEO	NARDTOWN	STM., MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR W. CLARKE MATTINGLEY, LÉONARDTOWN, MD.

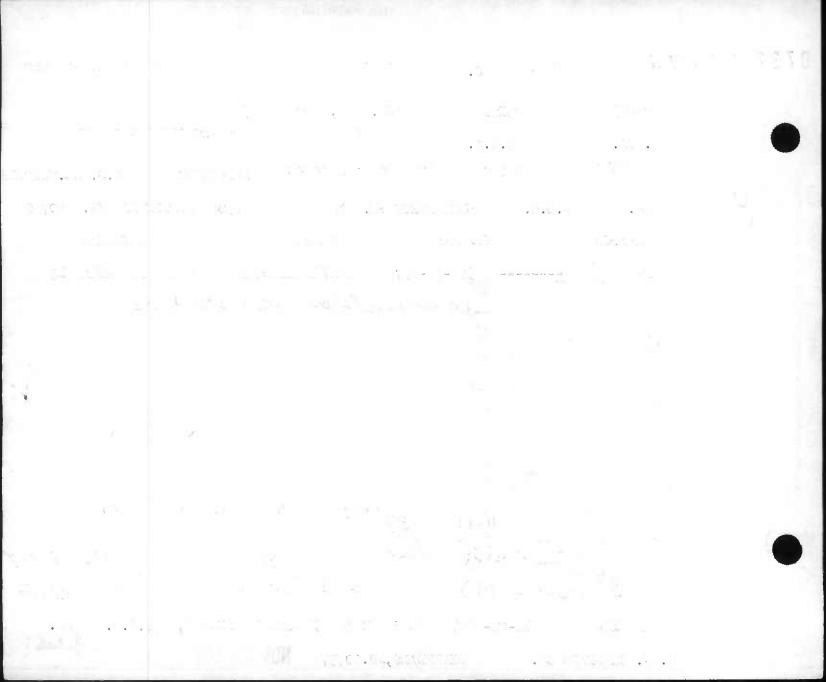
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RIVERDALE . Md . 2073'

DHMH - 16 60M 7/B4 (VRA 15, 4)

CHAMBERS CO.

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN IM (TYPE OR PRINT) OF Geraldine YOUR FILES.
YOUR FILES.
TO 72 HOURS togan DEATH MATED ackson 19 4 RACE AGE (IN YEARS IF UNDER I YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Black ,19 25 54LYPS DEAD Dec. SYFOR YO TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) George's U.S.A. Md. Prince WIDOWED DIVORCED ETAIN PAGE OUD BERILED FOODS 201 10 CITY OR TOWN OF DEATH 11 NAME OF HOSRITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! Maid Domestic USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 130. STATE Mari 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. YES A 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Matthews Mary Jackson NO FENDING" IN PENCIL IN TEM 18. GIVE PARTHEF MEDICAL EXAMINER ALONG WITH FOR USED AS A BURIAL - TRANSIT PERMIT PAGES I AND FHEATH AND MENTAL HYGIENE, DIVISION OF HEALTH AND MENTAL HYGIENE, DIVISION OF REMOVAL. John 160, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) -94-1693 Matthew Hogan-Same as above NO 18 CAUSE OF DEATH (Enter only ane couse per life for (a), (b), and (c). 24 HOUR ITEM 18. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Carlesvascular benea IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF Conditions, if any, when gove rise to immediate couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying couse last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 of CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD." PER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF M. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEA BALTWORE, MARYLAND, 21201 PRIOR TO BUSHAL. 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES [] NO F 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION {AT HOME AT WORK AT WAT STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY 220. I certify that I taak charge of the remain described above, held on Autopsy Inspection and in my opinion Homicide \_\_\_ deoth resulted fram: Notural causes Accident Suicide Undetermined monner TIT DEPENTEN Temple Hills, MI 5009 Rayburn Ct, Augusto EXAMINER'S NAME TYPE OR PRINT BURIAL CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION MARCBORO UKES 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND

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STATE OF MARYLAND

SHEET THE REAL PROPERTY OF THE -31 Whether a thirt is the same until 1247 per man of saffy of miss of safe or of a OEC 0 2 1987 July 2014 -- Deliver Bullet

1200 1000 M JAK GARA

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

073497 08	C <sub>1</sub> -	FOR Z STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENES / 3 3	3 4 6
moy be poge 3 er deoth		PRINT ATTE	MIODLE L.	HOWARD	20. DATE OF DEATH MONTH DAY  A AGE (INYEARS LAST BIRTHOAY)  16 AGE (INYEARS LAST BIRTHOAY)	YEAR 26. HOUR  - 87 4.30 A  NDER LYEAR OF UNDER 23 HRS
Page 4 m director, p hours after	1	FEMALE	CAUC.	MAR 31 1961	86 YRS.	HS DATS HOURS MIN.
leath. Po		RTHPLACE (STATE OR FOREIGN )	USA TEXAS	MARRIED NEVER MARRIED WIDOWED DIVORCED	P. G. Cou	1
by the fundament	10 CI	Laurel	1). NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET Greater Laure)	ADDRESS)  NSG, HOME	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INCOME COntroller	26 KIND OF BUSINESS OR NDUSTRY Shorham Hotel
24 hours		AL RESIDENCE (IF NURSING HOME OR C TATE 13b. COUNT	STUFF IN IT THE TOTAL OF THE DESIDENCE AND OR		130.STREET ADDRESS / ZIP CODE 6513 Parkway Ct	
and within	THE P	THER'S NAME	R. Pulme	15. MOTHER'S MAIDEN NA		Brooks
1		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE		urity no. 17 informant -6329 Frances Reisi	address ng 11505 Nevis Dr.	20705
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y ane cause per line far (a), (b), ar	nd (gr.)	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which	DUE TO, OR AS A CONSEOU	enge be vascular	arcident	
of the state of th		gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		,
equires n signed Then plar r to buris	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	MEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN I	N PART 11a
The law recian.  The law recian.  The law restriction.  The law recian.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ERE FINDINGS USED G CAUSES OF DEATH? NO
SICIAN: The ng physicia certificate in oriol-tronsit entitl Hygie feen 18 sho	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	RED (ENTER MATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
IG PHYSI ottending rer this ca s the buri	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
A A OF O			to a that I do	1/1	11 NVADANT	

22a.1 certify that (1) (this hospital) attended saw the deceosed alive an obove, (I) (we) (did) (did nat) view the body after death and that in (my) (aur) opinian death arturned on the date and have and from the causes stated DEGREE 226. SIGNATURE

ATTENDING

226. PHYSICIAN'S NAME (TYPE OR PRINT)

22e. ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CASAS MO 23a BURIAL, CREMATION, REMOVAL 236. DATE

CHERRYLA 23c NAME OF CEMETERY OR CREMATORY

Burial 11/27/87 24 FUNERAL DIRECTOR Donald: V. Borgwardt 4400 Powder SMill Donald: V. Borgwardt 4400 Powder SMill Mill 20705

Arlington Natl. Cemetery Arlington Fairfax Virginia

NOV 30 1987 Julia Dender Redestration

10 1-25 1 1-10 10 former havening of your a thermander and of 2.2.2. 1 23 - 11 - 12 Mayby THE A CHAIN AND SELECTION OF THE PROPERTY OF THE

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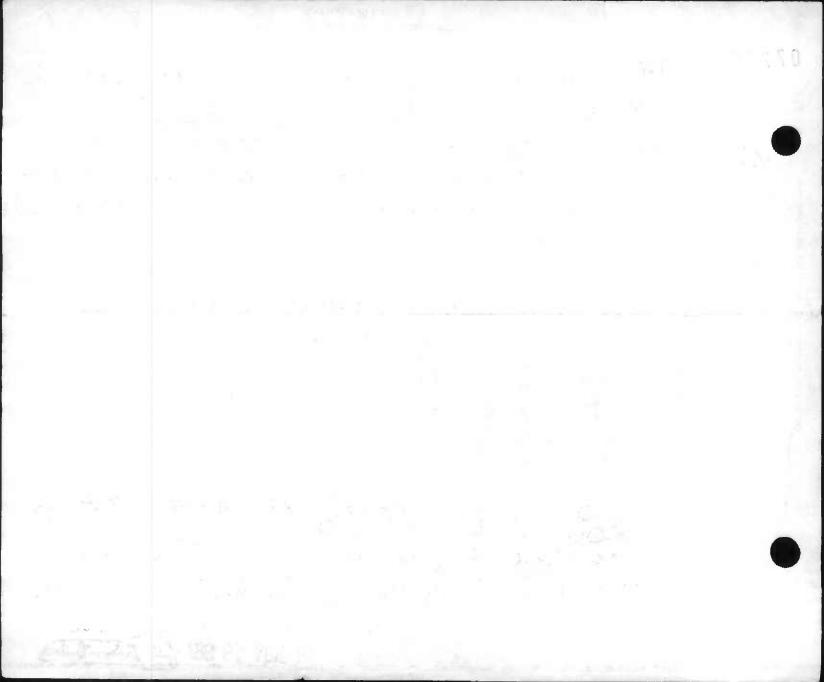
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1	FOR - STATE				EALTH AND MENTAL HYGI	IENES /	3	3 3 4	
L	REGISTRAR			LKIIII	CAIL OF DEATH	REG. N		DAY YEAR TOL	
1.1		arold	MIODLE	LIL .	Mudson, Jr.	20 DATE OF DEATH	MONTH D	DAY YEAR 2b	HOUR
~	HARO	LD	Jack	HV (	M02		11/1	4/87	4 PM
3. 5	SEX	4. RACE	5.	DATE O		6. AGE (IN YEARS LAST B			UNDER 24 HRS
	MALE	Whi	te C		per 20, 1946	41	YRS	DATS THE	OUKS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	MARRIEC	NEVER MARRIED X	9. BALTIMORE CITY	71		
	Georgia /			/IDOWE		Prince Geo			MD.
10.	. CITY OR TOWN OF DEATH		HOSPITAL, NURSING F CH FACILITY, GIVE STREET ADD		R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST		126. KIND OF B INDUSTRY	JUSINESS OR
	ort Washington		ella Vista		race	PITYSIC	IAN	Private	e Practic
	SUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	130. CITY OR TOWN	MISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE		
			Fort Washing	rton.	YES NO X	8319 Bell			e / 2074
14	FATHER'S NAME				15 MOTHER'S MAIDEN NAM				
		ack	Hudson, Sr.		Jean	WIOOFE		Head	
160	n WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURIT		17 INFORMANT	ADDI	RESS	nead	
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	257-74-42		James E. Woo	ds, Same	as 13		
F	18 CAUSE OF DEATH (Enter or	ly one cause pe	r line for (o), (b), and (c	2,1				APPROXIMA BETWEEN ONS	TE INTERVAL SET AND GEATH
Г	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)	PNEUMOC	450	IS CARINIA PI	NEUMONIA			
Г	IMMEDIA			SE OF					
L	Conditions, if any, which		A CQ UIRE		I MMUNO DE	FICHENC)	7		
L	gove rise to immediate	)							
1	couse (a), stating the underlying couse lost.	1	R AS A CONSEQUENC	LE OF					
н	PART 2 OTHER SIGNIFICANT	(c)_	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO.	NDITION GIV	EN IN PART LID	
1 3		20110110110							
1 3	19a DATE OF OPERATION	19b. CONE	ITION FOR WHICH OP	ERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	, WERE FINDING	S USED
1 8	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING					YES NOT		YING CAUSES OF	F DEATH?
4 5	210. ACCIDENT WAS UNDERLYING	1 21b. TIME (	OF IN HIRY		21c. HOW INJURY OCCURE				110
				YEAR		(ENIER MAIORE OF MA	OK. WITHER TO		
1 5	(IF EITHER NOTIFY MEDICAL EXAMINE		.M.	19	AN LOCATION				
15	(IF EITHER NOTIFY MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE INDIVINILE		OF INJURY FREET, FACTORY OFFICE, FARM	A ETC )	211. LOCATION STREET	CITY OR	OWN	COUNTY	STATE
1	AT WORK AT WORK			1 -	14 07	- 11 1	4	87	
	22a.1 certify that (1) (this hosp			7	19	, 10		19, tho	of (I) we lost
	sow the deceased alive or above, (1) (we) did (did no	t) view the bod	y ofter death		nd that in (my) (our) apinion				
	226. SIGNATURE	1	n 1/10		DEGREE ATTENDING		AFF CE	11-15-	
	Mich	ecl,	F- 704	<b>ん</b> ノ	19 PHYSICIAN	DIRECTOR PHYS	ICIAN X	11-12	07
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS 550	6 GREEN	LANDIA	UG RD	
	MICHAE	LF.	YORKI		UPPER		oro	MO 20	772
23	30 BURIAL, CREMATION, REMOVAL	23b DATE	23c. NA	ME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	Cremation	11-16	-87 Metr	opo.	litan Cremato			Virginia	
24	FUNERAL DIRECTOR Rich	ard Ran	p, Inggress		25a DAT	E REC'D. BY REGISTRA	R 25h REGIST	RAR'S SICALATUR	
	P. O. Box 43352,	Washi	ngton, DC	20	010	M I a mor	Julia d	Pringers . Phi	MANUE

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	1-	FOR STATE FEGISTRAR	DEP	PARTMENT OF H	EALTH AND A			, NO.	3)	J •	, 5
	I. DEC	CEASED NAME FIRST GEORGE	Lec		USTON		20. DATE OF DEATH	MONTH	05	87	1 55PM
		Male	Caucasian	5. DATE C 1"2"		4 <sup>1</sup> 4 <sup>AR</sup>	AGE (IN YEARS LAS	YF	MONTHS	DAYS	HOURS MIN.
	Wa	ashington, D.C.	United Stat	es MARRIEI		ARRIED '	PR INCE	GEOF	RGE'S		MD
		CHEVERLY	R INCE SEORGE	S HOSPI			28. USUAL OCCUP Painter		NG LIFE)		s Jobs
	130 S Ma	AL RESIDENCE (IF NURSING HOME OR ON TATE 125 COUNT Princ	e Gen. 13c CITY OF		13d. INSIDE CI YES 🜁	NO 🗍	3e.STREET ADDRES			20,	781
)		THER'S NAME  Jnavailable	IDDLE LAS	51	Virgi	MAIDEN NAMI	WIDDL	E	ŀ	lusto	on
	No No	VAS DECEASED EVER IN U.S. ARM JES, NO OR UNKNOWN) (IF YES, GIVE (IF YES, GIVE	WARDRIATES	SECURITY NO. 2-7140	17. INFORMAL Annie		(wife) S	ame	as #1	3	
		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE	BY:	bl, and jour	Ar	read				APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
		Conditions, if ony, which	DUE TO, OR AS A CONS	SEQUENCE OF	kaler	نقد				Lar	5
1		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE OF	Failu	re					
	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING		NOT RELATED	1 1	IAL DISEASE OR C	NOITION	GIVEN IN	PART 1:0	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFO	RMÉD	YES NO NO	IN CE	YES, WERE RTIFYING ( YES []		
X		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR	21c. HOW IN.	JURY OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM	A IB PART I OR	PART 2)	V
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATIO STREET	N	CITYO	RTOWN	co	UNTY	STATE
	f	220.1 certify that (1) this hospital saw the deceased above on above (1) we) (did) (did not)	1 / / [	2	nd that if (my)	, 19 //	oth occurred on the	e date and	hour and f	7 , th	ov () (we) lost
		22h. SIGNATURE OUH.	lan			TTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN [		C DATI SI	IGNED 7
		JON H. YOU	1 1.		Jul	10300	260916		Md	20-	101
1	12. D	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR C	REMATORY L	123d LOCATION				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Francis Gasch's Sons Funeral Mome, P.A. 4739 Baltimore Ave. Hyattsville, MD 20781

250 NOTE PECP. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8
CERTIFICATE OF DEATH	

STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYGIENE	1	3	~2	- 2	d	Q
CERTIFICATE OF DEATH	/	9		2		4
CERTIFICATE OF DEATH	REG NO					

	ECEASED NAME FIRST PE OR PRINT) HARR		ayton	J	AST AST	20 DATE OF D		INTH DAT	YEAR 1987	26 HOUR
3 SE		4 RACE		5. DATE C	DAY YEAR	6 AGE IN YEAR	S LAST BIRTHO		UNDER I YEAR	IF UNDER 24 HR
	ale	White		MONTH	20 1895	92		YRS		
7a B	COUNTRY)		VHAT COUNTRY?	MARRIE	E NEVER MARRIED	9 BALTIMORE				
	est Virginia	U.S.A		WIDOWE	- 4.3	Prince				*
Ri	iverdale	Leland	Memorial	Hosp	or other institution	(TYPE OF WORK FO	OR MOST OF W		126 KIND C INDUSTRY	Railro
13a. Ma	JAL RESIDENCE (IF NURSING HOME OF STATE 13b COU	NTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Hyattsvi	N		13e STREET AD	oress / z enne	dy St	reet	20781
14. F.	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA/		MIDDLE		JAS	ST
	Champion	E.	Iden		Carrie				Boh	
	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECUP		17 INFORMANT (Dau					
Y	es-Army W.W	1.1	578-46-6	774	Kathryn Iren	e Iden	Hyat	ttsvill		. 2078
	cause (a), stating the underlying cause last.	DUE 10, OR	AS A CONSEQUE	NCE OF						
ATION		CONDITIONS CO	INTRIBUTING TO D	<u>EATH</u> BUT	NOT RELATED TO THE TERM	INAL DISEASE C	5Y? 2	Ob. IF YES, V	WERE FINDI	NGS USED
IFICATION	PART 2 OTHER SIGNIFICANT PNEUM	CONDITIONS CO	INTRIBUTING TO D	<u>EATH</u> BUT		200 AUTOPS	5Y? 2	20b. IF YES, Y	WERE FINDIE	
SICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT PART 2 OTHER SIGNIFICANT  198 DATE OF OPERATION  218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	CONDITIONS CO D N )A 19b CONDI 19b CONDI 19b CONDI HOUR A.A	NTRIBUTING TO D TION FOR WHICH ( F. INJURY M. MONTH DA M.	<u>EATH</u> BUT	N WAS PERFORMED  21c. HOW INJURY OCCURR	20a AUTOPS	10   1	206. IF YES, Y IN CERTIFYI YES	WERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  PART 2 OTHER SIGNIFICANT  NEU M  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	CONDITIONS CO  N ) A  19b CONDI  19b CONDI  HOUR A./ P./ 21e PLACE C	NTRIBUTING TO D TION FOR WHICH ( F. INJURY M. MONTH DA M.	OPERATION  YEAR  19	N WAS PERFORMED  21c. HOW INJURY OCCURR  21I LOCATION STREET	200 AUTOPS YES NED (ENTER NATUR	10   1	ROB. IF YES, VIN CERTIFYI YES	WERE FINDING CAUSES	NGS USED OF DEATH? NO
	Underlying couse lost.  PART 2 OTHER SIGNIFICANT PREV M  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (JE EITHER NOTIFY MEDICAL EXAMINI 210. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hosp sow the deceosed alive or obove, (1) (we) (did) (did)	CONDITIONS CO D N )A  19b CONDI 19b	TION FOR WHICH ( FINJURY M. MONTH DA A.  DE INJURY EET FACTORY OFFICE FA  deceosed from  deceosed from	OPERATION  Y YEAR  19  ARM ETC.)	211. HOW INJURY OCCURE 211 LOCATION STREET  ad that in (my) (our) opinion of	200 AUTOPS YES	SY? 2	POD IF YES, YES YES NITEM IS PAR	WERE FINDING CAUSES  1   ORPART 2)  COUNTY	NGS USED OF DEATH? NO STATE
	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI  21d INJURY OCCURRED  WHILE AT WORK  22a. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did in  22b. SIGNATURE	CONDITIONS CO ON JA  19b CONDITIONS CO ON JA	TION FOR WHICH ( FINJURY M. MONTH DA A.  DE INJURY EET FACTORY OFFICE FA  deceosed from  deceosed from	OPERATION  Y YEAR  19  ARM ETC.)	211. HOW INJURY OCCURE  211. LOCATION STREET  10 41, 19 87 and that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN	200 AUTOPS YES	NO INTURY INTURY INTO TOWN	POD. 1F YES, IN CERTIFY! YES NITEM 18 PAR	WERE FINDING CAUSES  T I ORPART 2)  COUNTY	NGS USED OF DEATH? NO STATE
	Underlying couse lost.  PART 2 OTHER SIGNIFICANT PREV M  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (JE EITHER NOTIFY MEDICAL EXAMINI 210. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this hosp sow the deceosed alive or obove, (1) (we) (did) (did)	CONDITIONS CO ON JA  19b. CONDITIONS CO ON JA  19b. CONDITIONS CO ON JA  21b. TIME OI HOUR A/ HOUR A/ P.A.  21e PLACE C (AT HOME STRI OI view the body OP PRINT)	TION FOR WHICH ( FINJURY M. MONTH DA A.  DE INJURY EET FACTORY OFFICE FA  deceosed from  deceosed from	OPERATION  Y YEAR  19  ARM ETC.)	211. HOW INJURY OCCURE  211. LOCATION STREET  10 4 19 87 and that in (my) (our) opinion of DEGREE	200 AUTOPS YES	STAFF PHYSICIA	ROD. IF YES, IN CERTIFYI YES IN ITEM 18 PAR  CONTROL OF THE CONTRO	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	NGS USED OF DEATH? NO STATE  that (I) (we) I couses stated

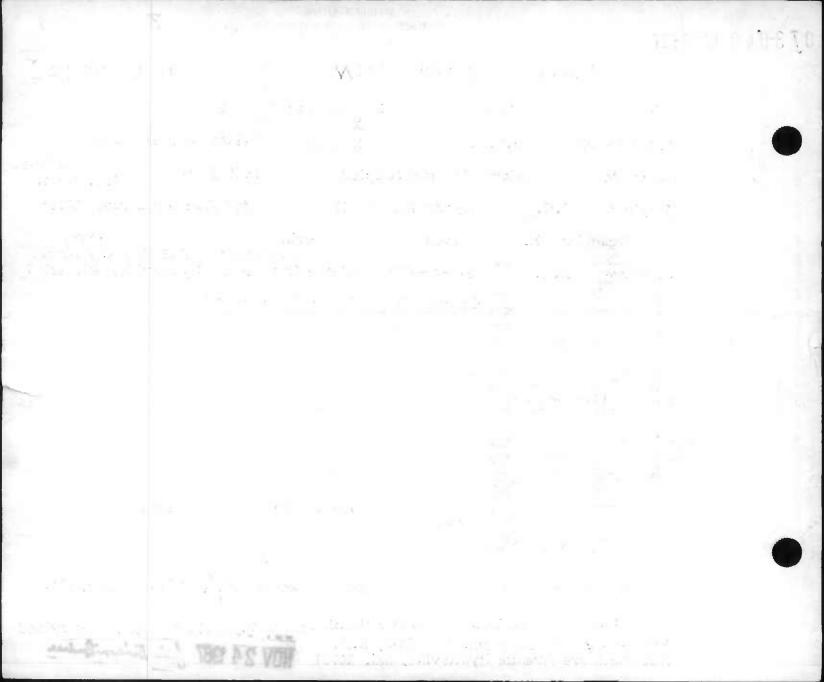
DHMH - 16 60M 7/B4

<sup>24</sup> Francis Casch's Sons Funeral HOme, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781 (VRA 15, 4)

P. C. Maryland

PREGISTRAR'S SIGNATURE

Lin Deriden Rockets



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 20. DATE KNOWN (TYPE CHIPMENT) ESTI-DEATH MATED 5 DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS SEX DATE LAST BIRTHDAY PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH PR BIRTHPLACE (BTATE OF MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DE DIVORCED CITY OF TOWN OF DEATH NURSING HOME, OR OTHER INSTITUTION Homemaker Home Own 13e. STREET ADDRESS TATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Estelle Lee Wright Washington 17. INFORMANT Me. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 579-46-3095 Gerald L. Jackson-Same as NO APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUF TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO D 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREE1 CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 22s. I certify that I taak charge of the remains described above, held an Autapsy Inquiry Inspection and in my apinian Natural causes death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) FUNERAL DE PER DE ATH. MEDICAL EXAMINER SIGNATURE EXAMPLE SNAME John Rogers Seminary Rd., Silver Spring TYPE OR PRINT SEBURIAL CREMATION REMOVAL 23b. DATE 23d. LOCATION 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR, 25b. REGISTRAR'S SIGNATURE DHMH - 17 S. WASHINGTON + SONS 4925 BURROUGIR AVER (VR A15 ME (5)) 30M 7/73

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

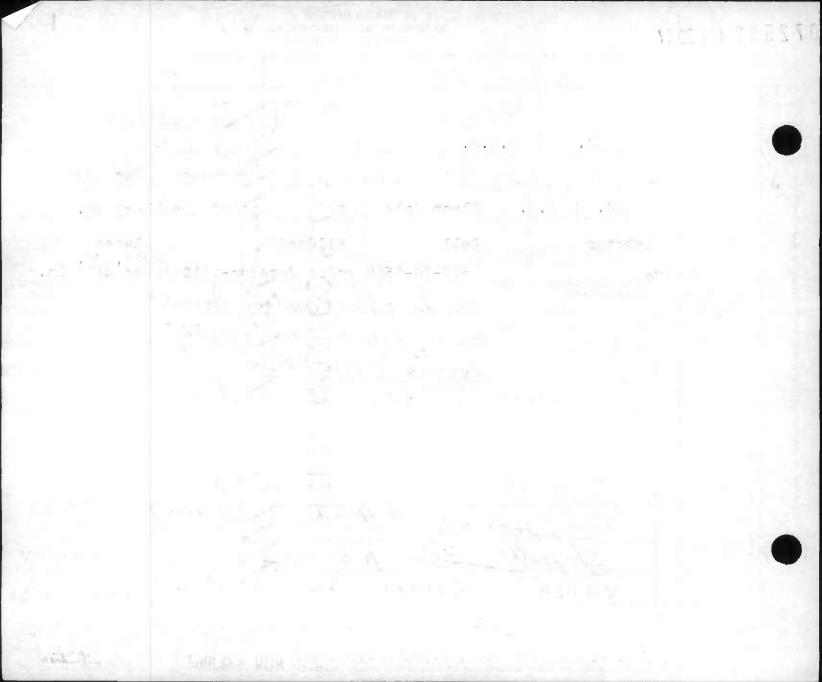
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6.1	^				

Teridoon Randale

01	REGISTRAR				CERTIF	ICATE OF D	EATH	REC	6. NO.				
	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEAT		DAY	YEAR	2b. HOUR	
( TYPE	E OR PRINT)	GLAD	YS	В	J	ACKSON			11	04	87	1 41P A	
3. SEX			4. RACE		5. DATE OF BIRTH			6. AGE (IN YEARS LAS	T BIRTHDAY)	IF U	INDER I YEAR	IF UNDER 24 HRS.	
3	FEMALE		BLACK		03 03 11			76	Y	RS.	MONTHS DATS HOURS MIN.		
		ACE (STATE OR FOREIGN		76. CITIZEN OF WHAT COUNTRY?		8 MARRIED NEVER MARRIED		9. BALTIMORE CIT	Y OR COL	JNTY OF	DEATH		
	Md.		TT C A		WIDOWED A DIVORCED		PRINCE G	FORGE	tς		WD		
10 C1	ITY OR TOWN OF DE	ATH			G HOME (			126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
	CHEVERLY			GEORGE S		TAL CEN	ITER	Homemak		Own		me	
	AL RESIDENCE (IF NUR. STATE  Md.	13b. COUN	VIY	13c. CITY OR TOW		13d INSIDE C	TY LIMITS?	130 STREET ADDRE			d Rd	769	
14. FA	ATHER'S NAME		MIDDLE LAST		15. MOTHER'S MAIDEN NA								
	Webster		MIDDLE	Bell			dred	MIDD	E	Pla	ter	31	
	WAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17 INFORMA		AD	DRESBO	wie	. Md		
	YES, NO OR UNKNOWN)	(IF YES, GIV	/E WAR OR DATES)	579-34-	-3561	Andr	e Jack	kson-191	O Ar	bor	Hil		
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse [01, stoting the underlying couse lost   DUE TO, OR AG A CONSIDENCE OF AUUTYSTU    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-  THE DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   206. IF YES, WERE FINDINGS USED												
FICA	190 DATE OF OPERATION		198 CONL	THON FOR WHICH	PERATION WAS PERFORMED			IN CERTIFYING CAUSES OF DEA				OF DEATH?	
ERT	21g. ACCIDENT WAS UN	DEPLYING F	7 216. TIME (	OF INTURY		121, HOW IN	ILIDY OCCUPE	YES NO		YES [		NO 🗌	
-	OR CONTRIBUTING	CAUSE OF DEA	ATH HOUR A	M. MONTH DA			JOK! OCCORN	TEMPER MATORE OF	11/08/11/11/11	will rake	OR 1 AX 27		
MEDICAL	216 INJURY OCCUR		21e. PLACE	.M.  OF INJURY  REET, FACTORY, OFFICE, FA	19 ARM, ETC )	211 LOCATIO	N	CITY	OR TOWN		COUNTY	STATE	
	270. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not view the body after earth.  270. SIGNATURE  DEGREE											3-130131	
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									3	11	15/87	
	276. PHYSICIAN'S N	DLA	OR PRINT)	577-8	811	27e ADDRES	170'	ANNAP	OLIS	PA	NH	AM 207	
23a E	BURIAL CREMATION (SPECIFY)	, REMOVAL	23b. DAJE	/		EMETERY OR O		23d. LOCATION CITY OF TOW	NA DI	ALE	OUNTY C	- LISTATE	
24 FL	UNERAL DIRECTOR						75a DATI	E REC'D. BY REGIST	RAR 756 RF	GISTRAF	S'S SIGNAT	TIPE	

14. S. WINSHINGTON + SONS 4825 BURROWENS AUG.

DHMH - 16 60M 7/84 (VRA 15, 4)



### STATE OF MARYLAND

DEDADTMENT OF BEALTH AND MENTAL BYCKERS

	1 -	STATE REGISTRAR		DEFAR		ICATE OF DEAT		REG. N	o.	1.0	J 2
	S DE	R PRINT)	na	B.	Jaco	D4		20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR 5.2500
rs ofter deg	3. SE	emale	4. RACE Caucas		AA/ONIT	of BIRTH 21, 190	VE AD	6. AGE (IN YEARS LAST BIR	THDAY) IF U MON	THS DAYS	IF UNDER 24 HRS HOURS MIN.
2 hou	Was	RTHPLACE (STATE OR FOREIGN COUNTRY) Shington, D.C. TY OR TOWN OF DEATH	U.S.F		? 8. MARRIE WIDOWI	D NEVER MARR	CED []	9. BALTIMORE CITY C	GCOUNTY OF	665	OF BUSINESS OR
d be	050, 130. 5 <b>Ma</b> 1	cyland Ch	AE OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFO 13c. CITY OR TO IaPlata	DRE ADMISSION) WN	13d INSIDE CITY LI		Statistica Statistica Statistica  13e.STREET ADDRESS RR4 Box 41			hern RR 646
0	He	THER'S NAME FIRST PERMAN	WIDDIE	Behr		15. MOTHER'S MA Emilie	iden nam	$\overset{MIDDLE}{\mathbf{D}_{ullet}}$		atteĥ	berg
N.		VAS DECEASED EVER IN U.S. (15, NO OR UNKNOWN) (1F YES	ARMED FORCES? S, GIVE WAR OR DATES) N/A	579-22-		Joseph B	elfie	ld Same	as 13 2		IMATE INTERVAL ONSET AND DEATH
by the attending phrase remove carbones, cremation, or removantly of the stroumatic event		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI IMMEDIAN Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost.	DIATE CAUSE (a)  DUE TO, O  (b)  DUE TO, O	RAS A CONSEQ RAS A CONSEQ RAS A CONSEQ	UENCE OF	PIRATOR BEPS IS	7 A	RREST			
has been signed permit. Then ple ane prior to burio	CERTIFICATION	PART 2. OTHER SIGNIFICATE MALL UTR	ITION +	HYPO A	LIBUA	NOT RELATED TO T	6	PEN AL  200 AUTOPSY?  YES NOT	20b. IF YES, WIN CERTIFYIN	FUN ERE FINDIN	NGS USED
renaing physician this certificate hite burial-transit prind Mental Hygier and or Item 18 showed or Item 18 showed	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHIEFER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF C	F DEATH HOUR A	M. MONTH I	19	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	STATE
ie hospitol or of DIRECTOR: Afte oched for use as Dept. of Heolth of Item 21 is mark		220.1 certify that (I) (this has any the deceased alive	e on	10	P7 10	nd That in (my) (our)	apınian de	eath accurred on the d	, 19_ ate and haur an		2
retained by the TO FUNERAL DI should be detacl with the State De IMPORTANT: If I		DE PHANTIANS NAME IN	HE CHANCE GOODS	salve	S	ATTEN PHYS 22e. ADDRESS	ICIAN VO	MEDICAL STA DIRECTOR PHYSIC	IAN []	W W	3 87 alady
3P	C	SURIAL, CREMATION, REMOVE CEMATION	11/04/			emetery or crem crematory	ATORY	Clinton	Prin	ice Ge	eo. Mdt.
MH - 16 60M 7/84 (VRA 15, 4) 663	24. FU B C	INERAL DIRECTOR Lee ld Alexander	Funeral H Ferry Rd.	ome, Inc Clintor	n, Md 2	20735	NOV	0 4 1987			Randale

STATE OF MARYLAND

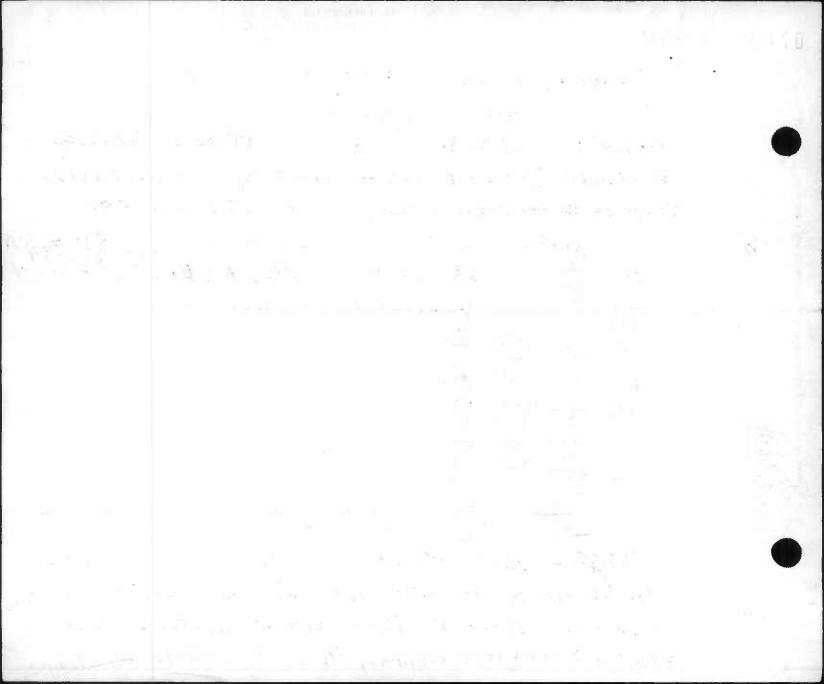
DEPART

MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIEND /	6.4	U	17	Pad
CERTIFICATE OF DEATH	REG	NO			
IAST	20 DATE OF DEATH	MONTH	DAY	YEAR	Т

3

U	-5	REGISTRAR		CERTIFI	CATE OF DEATH		REG NO			
1		CEASED NAME FIRST	WIDDLE	IA	ST 1	2a DAT		ONTH DAY	YEAR 2b	HOUR AM
П	(ITTE	OR PROMI	Albert	Jol	tnso n	11	125 87		^	712 m
-1	3. SEX	\	4. RACE	5. DATE OF			(IN YEARS LAST BIRTHD	MONTHS		UNDER 24 HRS
1		M	Neam	MONTH	19/20 YE	LR 1	10 7	YRS	DATS	JOKS MIN.
1	70. BIR	RTHPLACE (STATE OR FOREIGN)	TE CITIZEN OF WHAT COUNT	TRY? 8 MARRIED		9 BALT	MORE CITY OR	COUNTY OF DE	ATH	
2	V	IRGINIA	415. A.	WIDOWED			LINCE	GE	ORGE	J MD.
1	10 CII	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OTHER INSTITUTIO	N 12e USL			KIND OF BU	JSINESS OR
1	FO	RESTUILLE	Regency N	14R511	19 HON	- RE ROW	18ment	0.01	200€	Roment
1	USUA 13a S	TATE N36 COUNT			13d INSIDE CITY LIM	ITS? 13.STRE	ET ADDRESS_/ Z	IP CODE	.0	agara
2	Vi	BAINIA West	MON THRESOM	+Rass	YES NO	R	-2. B	0x 5	847	7777
0	A. FA	THER'S NAME	AIDDLE IAST		15 MOTHER'S MAID	EN NAME	WIDDLE	•	LAST	
2/		UN	KNOWN	r	I	DA	mode.		To	HW SOM
0		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	1.20	ADDRESS	RT2	Box	584.
5		No	113-	20-4599		1	4RLE	ENR.	JoHr	VSON
		18 CAUSE OF DEATH (Enter only	y ane cause per line for (a), (b	', and (c'.)					APPROXIMATE SETWEEN ONSE	E INTERVAL T AND DEATH
ı	Į	PART I. DEATH WAS CAUSED IMMEDIATE	E CAUSE (a) CEREBI	ROVASCI	LAR AC	CIDENT				
3		28	DUE TO, OR AS A CONSE	EQUENCE OF						
		Canditians, if any, which	( (b)							
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF						
		underlying couse last.	(c)							
	-	PART 2 OTHER SIGNIFICANT C		TO DEATH BUT N	NOT RELATED TO TH	E TERMINAL DIS	EASE OR CONDIT	ION GIVEN IN	PART 110	
	9		DEMENTIA							
1	CA	190 DATE OF OPERATION	196. CONDITION FOR WH	TICH OPERATION	WAS PERFORMED	20a A	UTOPSY? 2	Ob. IF YES, WER! N CERTIFYING (	ENDINGS LAUSES OF	USED DEATH?
Ц	CERTIFICATION					YES [		YES		40 🗆
2		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	116. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY (	OCCURRED (ENT	ER NATURE OF INJURY I	N ITEM 18 PART I OR	PART 21	
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19						
	MED	71d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY	FICE FARM ETC )	211 LOCATION STREET		CITY OR TOWN	CO	UNTY	STATE
		AT WORK		//		5.77		/ 4	60	
		22a. I certify that (1) (this haspite saw the deceased alive on	11 122				11 2			(I) ( <del>&gt;==</del> ) last
		obove, (I) (wet-dd) (did not	view the body after death.		EGREE	Prinon death occ	orrea on the dote		c. DATE SIG	
		2011	1 , 2	7 2	ATTEND			_	L. Jar	107
		22d. PHYSICIAN'S NAME (TYPE OR	Rent .	uss	PHYSIC 77e ADDRESS	IAN DIRECT	TOR PHYSICIA	N 📗	11/25	181
		in 1// / / A	V Eug	121	118701	6 0	d. 1	DEL	11000	11 hal
		WILLIAM	N. FYK	~> 7	114011	-10/29	570N K	JUITI	WASA	4/-9/-
1	730 B	URIAL, CREMATION, REMOVAL	11 7 0 100 T	231 NAME OF CE	METERY OR CREMA	TORY 73d L	OCATION CITY OR IOWN	COUN	1100	STATE
	24 FI	INERAL DIRECTOR	111-207101	JILO	AM CHY	So DATE REC'D.	NONTR BY REGISTRARIZE	h REGISTRAR'S	SIGNATURE	INIA
		ELDON FUNE	NAL HOME OL	55 Hz =	1/2	DEC		I REGISTRARS	JONATURE	
	W	G CDON TOWE	OF ISING OL	NOHMS	, 1/5	חבר -	8 1987 1/	dea Trais	P	dette

DHMH - 16 60M 7/84 (VRA 15, 4)



(VRA 15, 4)

FOR

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

NOA 10	101							R	EG. NO.		
		EASED NAME	FIRST		MIDDLE		LAST	2a. DATE OF DE	HINOM HT	DAY YEAR	2b. HOUR
		,	BEATR:	ICE	G.	JOHNS	SON		NOV.	2, 1987	3:40P
3	3. SEX		1	I. RACE		5. DATE		6 AGE (IN YEARS		IF UNDER 1 YEAR	
	T	FEMALE	800	WHIT	ma	MA		63	YRS	MONTHS DAYS	HOURS MIR
185 7	7a. BIR	THPLACE (STATE O	R FOREIGN 7		F WHAT COUNTRY	2 8		9 BALTIMORE			
2	-	MARYLAND		II.	S.A.	WIDOW	ED NEVER MARRIED DIVORCED	PRIM	מדי מדיסד	RGES CO.	_
老人	_	Y OR TOWN OF DE	EATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	12a USUAL OCC	UPATION	12b. KIND	OF BUSINESS C
(10)	BI	ELTSVILLE		1142	UCH FACILITY, GIVE STREE  21 EMACK			HOUSEW		G LIFE) INDUSTRY	HOME
	USUA	L RESIDENCE HENU	RSING HOME OR	OTHER INSTITUTIO	IN, GIVE RESIDENCE BEFO	RE ADMISSION					HOPE
3	13e. 5	Md.	P.G.		BELTSVI		13d. INSIDE CITY LIMITS?	13e.STREET ADD	EMACK		0705
1877	4. FA	THER'S NAME	1 2 6 0 6		12222012		15. MOTHER'S MAIDEN NA		LITACIE	TID 6	010)
/A()	)	T I WITH THE	N	NIDDLE	COT TOTAL		FIRST	AAN	DOLE		AST
0	6n W	LUTHER  (AS DECEASED EVE	RINIIS ARA	AED FORCES?	GOLDEN  166. SOCIAL SEC	LIRITY NO	GLADYS 17 INFORMANT		ADDRESS	BURTON	-
9 /		ES, NO OR UNKNOWN		WAR OR DATES)					4	AC TIME	11221
2 /	_	NO			219-12-		ALBERT J. JO	HINSON	(SAME	AS ITEM	
0 +	- 1	PART 1. DEATH	TH Enter only	y ane cause p	er line far (a), (b), g	adjeti	all or buil	1.1		BETWEEN	XIMATE INTERVAL ONSET AND DEAT
O La	_	PARTI. DEATH		CAUSE (o)_	/	wyu	nuston from	u			
an, or n		Conditions, if an			OR AS A CONSEQU	TEE STO	atic cancer	of brea	st		
other troumatic		Conditions, if an gove rise to in cause (a), stat underlying caus	y, which nmediate ing the	DUE TO,	OR AS A CONSEQU	xast	white conver	of brea	et		
la bural, cremation, or n ijury, or other traumatic.	NO	gove rise to in cause (a), stat underlying caus	y, which nmediate ing the se last.	DUE TO, (b)  DUE TO, (c)	OR AS A CONSEQU	JENCE OF	WHE COMES	0	CONDITION	GIVEN IN PART 1	(a)
ene prior to burio), cremation, or n	THICATION	gove rise to in cause (a), stat underlying caus	y, which nmediate ring the se last.	DUE TO, (b) DUE TO, (c) ONDITIONS	OR AS A CONSEQUE	JENCE OF		0	20b. IF	GIVEN IN PART 1 YES, WERE FIND RTIFYING CAUSE YES	INGS USED
Triganne prior to buriol, cremation, or r 8 st Page any injury, or other traumatic.	RTIFIC	gove rise to in cause (a), statunderlying cause PART 2 OTHER SIC	y, which namediate ring the se last.  GNIFICANT CO	DUE TO, (b) DUE TO, (c) ONDITIONS O	OR AS A CONSEQUENCE ON TRIBUTING TO	JENCE OF  DEATH BUT  H OPERATIO	NOT RELATED TO THE TERM	INAL DISEASE OR  200 AUTOPSY  YES \( \text{YES} \( \text{YES} \)	20b. IF	YES, WERE FIND RTIFYING CAUSE YES []	INGS USED S OF DEATH?
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6 Dept. of Health and Mental.	MEDICAL	gove rise to incouse (a), statunderlying coust (a), statunderlying coust (a), statunderlying coust (a), and (a)	y, which mediate ing the se last.  ATION  ATION  ATION  DERLYING   CAUSE OF DEAT DICAL EXAMINER;  RRED  WHILE   COR.  1) (this hospitused alive on (did) (did not)	DUE TO, (b) DUE TO, (c) ONDITIONS (c) DUE TO, (c) DUE	OR AS A CONSEQUENCE ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH E.P.M. TO THE OFFICE OF INJURY STREET, FACTORY, OFFICE OF INJURY STR	JENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19  FARM, ETC.)	21c HOW INJURY OCCUR  211 LOCATION STREET  19  19  10  11  12  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18	ZOB AUTOPSY YES NO RED (ENTER NATURE  death occurred an  MEDICAL DIRECTOR F	20b. IF IN CER	YES, WERE FIND RTIFYING CAUSE YES  18 PART I OR PART 2)  COUNTY  19 226 DATI	INGS USED S OF DEATH? NO  STATE  that (I) (we) le causes stoted  2. 8
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ath the State Dept of Health and Mental MPORTANT: If hem 21 is marked or them 3	MEDICAL	gove rise to in cause (a), statunderlying cause (a), statunderlying cause (a), statunderlying cause (a), statunderlying cause (b), and cause (b), and cause (c), and c), and cause (c), and cause (c), and cause (c), and cause (c), an	y, which namediate ing the last.  GNIFICANT CO  ATION  NDERLYING   CAUSE OF DEAL DICAL EXAMINER)  RRED  WHILE   CORK   Clid   Cl	DUE TO, (b) DUE TO, (c) DUE TO	OR AS A CONSEQUENCE ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH E. P.M. E. OF INJURY STREET, FACTORY, OFFICE INJURY STREET, FACTORY STRE	DEATH BUT H OPERATIO  DAY YEAR 19 FARM. ETC.)	21c HOW INJURY OCCUR  211 LOCATION STREET  19  19  10  11  12  12  13  14  15  16  17  18  18  18  18  18  18  18  18  18	INAL DISEASE OR  200 AUTOPSY YES NO RED (ENTER NATURE  OTHER CONTROL  MEDICAL DIRECTOR F  Day Ctr.	Y OR TOWN  STAFF HYSICIAN   N	YES, WERE FIND RTIFYING CAUSE YES [] IS PART I OR PART 2) COUNTY  22c DAT  17	STATE  state  that (I) (we) la  excuses stoted  state  state  that (I) (we) la  couses stoted  state  state
ath the State Dept of Health and Mental MPORTANT: If hem 21 is marked or them 3	MEDICAL	gove rise to in cause (a), statunderlying cause (a), statunderlying cause (a), statunderlying cause (a), statunderlying cause (a), and contributing (a), a	y, which namediate ing the last.  GNIFICANT CO  ATION  NDERLYING   CAUSE OF DEAL DICAL EXAMINER)  RRED  WHILE   CORK   Clid   Cl	DUE TO, (b) DUE TO, (c) DUE TO	OR AS A CONSEQUENCE ON TRIBUTING TO DITION FOR WHICH OF INJURY A.M. MONTH E OF INJURY STREET, FACTORY, OFFICE INJURY STREET, FACTORY	DEATH BUT H OPERATIO  DAY YEAR 19 FARM, ETC.)  NAME OF C	21c HOW INJURY OCCUR  211 LOCATION SIREET  1980  nd that in (my) (aur) apinian  DEGREE  ATTENDING PHYSICIAN 1  22e ADDRESS 7525 Green W	INAL DISEASE OR  200 AUTOPSY YES NO RED (ENTER NATURE  MEDICAL DIRECTOR F  23d LOCATIO	Y OR TOWN  STAFF HYSICIAN   N	YES, WERE FIND RTIFYING CAUSE YES  18 PART I OR PART 2)  COUNTY  19 226 DATI	STATE  that (I) (we) It causes stoted  Lychael State  that (I) (we) It causes stoted  STATE

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104	J O DEC	I DE	CEASED NAME	FIRST		MIDDLE	L/	AST	2a. DA	TE KNOWN D		DAY YEAR	2h HOUI
	학생 전통 전			CHAF	RLOTTE	M. JOH	HNSON		DEA	TH MATED	11-23	3-87	1
	<b>海型主支票</b>	3. SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEAR	ARS IF UND	DER 1 YR. IF UND	ER 24 HRS. 2c. D	ATE OUNCED	MONTH [	DAY YEAR	2d. HOUI
7	- STORES			Black	Oct. 25,	1932 55 YR	RS.	DATE HOURS	D	EAD	11-23		5:15
-	PHESS I		RTHPLACE (STAT		76. CITIZEN OF WH		8. MARRIE	NEVER MAI	RRIED 🔲	TIMORE CITY O	_		
	25 T	10.0	Wash.,		United	States ITAL, NURSING HOME	WIDOWE		RCED D	rince Ge	orge's		
5	PAGE	A	ccokeek		17012°CLT	vingston Ro	oad	RINSTITUTION	FOR MOST OF	working life) Parent	OF WORK 17h	or industr Privat	RY
21201	AND 3 AND 3 AFTAN FOURD	13a. S	at RESIDENCE (# STATE aryland	113b. COUNT	TY	RESIDENCE BEFORE ADMISSION IN TOWN Ft. Washir	1	3d INSIDE CITY LIMITS? YES 🛣 NO [	13e STREET AD	DRESS Livingt	on Rd.	744	
MD.	T NOST 7	14. F.	ATHER'S NAME		WIDDLE	LAST	1	5. MOTHER'S MAI		WIDDLE		LAST	
SE.	SHEET OF		Frank		Jnk.	Green		Eleano	ora U	nk.	Belt	th31	
TIMO	DAS TO PER	60. \	WAS DECEASED I	EVER IN U.S. ARA		16b. SOCIAL SECURITY	Y NO.	7 INFORMANT	lusband Sol	N-MARK JOF	ALS GRA	TCHELEV	TELE M
BAL	NA PERS	1	No				<	WALTER J	OHNSON 4	719 8th	St., N.	W.Wast	n=DC
15	WIT WITH	10	18 CAUSE OF I	TH VALAC CALICER	y ane cause per line f							APPROXIMATE BETWEEN ONSE	T AND DEATH
NO	2500000	7	1	IMMEDIAT		unt head in		es and mu	iltiple s	tab wour	nds		
PRESTON	EWC EWC			if any, which	DOE 10, OK A	IS A CONSEQUENCE (	)r						
×.	UTED WITHI EXAMINER FAL-TRANS O MENTAL ON, OR REA			ta immediate	(b)	AS A CONSEQUENCE O	DF.						
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DIVISION OF VITAL RECORDS,	PENDING PENDING MEDICA D AS A BL HEALTH AN	MEDICAL CERTIFICATION											
AL R	HIEF A HE OF HE RIAL,	CAT	190 DATE OF O	PERATION	19b. CONDITI	ON FOR WHICH OPER	ATION WA	S PERFORMED?			2	20. AUTOPSY?	?
Z ×	200 AFE 3 -	F	21g. EXTERNAL	CALICEVALAC	21b. TIME OF	in the same	1					YES 🔣	NO 🗆
0	THE WENTER	I CE	UNDERLYING	X OR	HOUR A.M.	MONTH DAY YEAR			RED (ENTER NATURE C		ART 1 OR PART 2)		
Sio	SHOOT SHOUT SHOOT SHOUT SHOOT SHOOT SHOUT SHOOT SHOOT SHOUT SHOUT SHOT SHOUT SHOT SHOUT SHOT SHOUT SHO	Dic.	21d INJURY OC	CURRED	21e PLACE OF	11-23-87 FINJURY (ATHOME,	SUD		ten and s	tabbed			
DIA	TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING TH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FORMADED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BATTER BEATH, WITH THE STATE BEPARTIMORE, MARYLAND, 21201 PRIOR	ME	WHILE AT WORK	NOT WHILE AT WORK	STREET FACTO	ence	170		ngston 'Rê	ad™ Acco	okeek",	Maryl	and
	FOR HES		220. I certify	that tadycharge	e of the remains descri	bed abave, held an	Autopsy	X Inspect		iry , and	d in my apinia	on	
	WIND BE STANDED		death resulted	from: Nature	al causes X	cident, Sui	icide	Homicide X	Undetermined	manner ,			
	CERTIIIO BUILD BUI		ACTUAL	(8)	I'd	OV		TITLE (SPECIFY)			DATE	11-24-	.97
	SET		SIGNATURE	- Con	4 110/		M.D	Assistant	MEDICAL E)	AMINER	SIGNED_	11-24-	07
	MED SE 4	in.	EXAMINER'S NA	AME	Charles P.	Kokes, M.	D	DDRESS 11	1 Penn St	reet			
	PAFT PAFT PAFT	23a.B	URIAL, CREMATIC			23c. NAME OF CEM			23d. LOCATIO				
07/84	BP	(:	Burial		11-30-87	Mt. O			CITY OR TOWN	hington,	D.C.	51	TATE
25M	DHMH - 17	24. F	UNERAL DIRECTO		ADDRESS				E REC'D. BY REGIS			VATURE	
	(VR A15 ME (5))		Pope,	Alexand	ler s. 26	17 Pa. Ave.	. S.E.	NO	V30 108	7 4.1. 5	Today howard	AndaML.	

		It	em 16b.,	G-634, 12/	/4/87, by F	FP'ARTMENT C	ATE OF	MARYLAND H AND MENTAL I CERTIFICATE (	YGIENE 3	3 3	5 5 6	>
		1-	STATE a	copy of th	ne dec.S. MED	DICAL EXAM	NER'S	CERTIFICATE	OF DEATH RE	G. NO.		
0/3	447 DEC.	+ DE	ASED NAM	E FIRST		MIDDLE		LAST	Za DATE KNOW	HTMOM EN NY	DAY YEAR	2b. HOUR
	었으시었는	JIAN	E OK PRINTS	Ernes	st	W.		Johnson	OF ESTI-		22/19 8	7 4
	PER	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (III	YEARS IF U	NDER 1 YR. IF UNDER		MONTH	DAY YEAR	2d HOUR
	SZSBR	Ma	le	Black		62 25	YRS.	THS DAYS HOURS	MIN. PRONOUNCED DE AD	11/	22/19 8	7 P "
-	PAR A PROPERTY	FC	RTHPLACE (S		76. CITIZEN OF WH	AT COUNTRY?	8. MARI	RIED NEVER MARK	IED X 9. BALTIMORE C	_		
•	SAS A	Wa	ish., D	/	USA		WIDO	WED DIVOR	ED Prince			
1	元本公司と		TY OR TOWN	/	LIF NOT IN SUCH FAC	PITAL, NURSING HO	(5)		12a USUAL OCCUPATION FOR MOST OF WORKING LIFE		126 KIND OF E OR INDUS	
4	\$05 to	12	amp Spr	- /	Andrew's	S Alriorce	Base	- MCMC	Porter		Value	Villag
21201	ANY DANY DANY DANY DANY DANY DANY DANY D	3a S D.	TATE C.	(IF IN NURSING HOME O	DR OTHER INSTITUTION, GIV TY	13c. CITY OR TOWN Washin	1	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 4605 5th St		Thrift N.W.	Store
MD.	E SHIP		THER'S NAM		MIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
SE.	TONE SEE		rnest		Maurice		nson	Joann		Johns	son	
IMO	E SECTION OF		ES, NO, OR UNK NO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT		DRESS		
BAL	SEE SE		N			577-90-449			nn T. Gibson			
15	( S. 19 )		18. CAUSE C	F DEATH (Enter onl ATH WAS CAUSE	ly one couse per line DBY:	for (a), (b), and (c).)	Gunsh	ot Wound o	ngley Park, M Chest (unsp	dd. ecified	BETWEEN ON	ATE INTERVAL SET AND DEATH
TON	PERSON			IMMEDIA1	DUE TO, OR	AS A CONSEQUENC	E OF					100
200	EM CENT			ns, if any, which	(1)							
*	MIN WIN		couse (o	se to immediate ) stating the <u>under-</u>		AS A CONSEQUENC	E OF					
201	SAL PAR		lying car	ise last.	(c)						WI	
805.	NAN WANTER		PART 2 OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING TO OFATH B	OUT NOT RELATED TO THE T	ERMINAL OISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a)			
02	A A S A S A S A S A S A S A S A S A S A	CERTIFICATION										
A R	PRAL PRANCE	1CA	190. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH O	PERATION \	WAS PERFORMED?			20 AUTOPS	
OF VITAL	SHOULD HE SHOULD	E .	21a EVTERN	AL CAUSE WAS	21h TIME OF	INTURV	121. 1	OW IN HIRV OCCUPR	D LENTER NATURE OF INJURY IN IT	7510 0.07 1.00 0.	YES &	NO 🗌
Ö	PAESES.			S OR	HOUR AND	MONTH DAY Y	AR CO			EM IB PART TORPA	K1 2}	
OS	SAN	MEDICAL	21d INJURY			11/22/ <sub>19</sub> OF INJURY (AT HOME		ubject sho	<del>\</del>			
No.	S CE	ME		NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)	211	O Brooks D	., Forestvil	le. Pr	Geo.	Md STATE
	STA STA											
	A S S S A S A			2	ge of the remains desc			psy X. Inspection  Homicide X.	. ,	and in my or	oinion	
-	EXAMI CERTIF OULD BE C WITH MARY		death result	ed trom: Notur	rol couses 🔲 //	Acedent .	Suicide	TITLE (SPECIFY)	Undetermined monner	<b>□</b> ,		
	I EXA OULD NI DIR 'H, WI		ACTUAL SIGNATURE	100.11	11/0 1/1	hust	Mu		MEDICAL EXAMINER	DATE	11/	/23/87
	SET	1		ulli	100	1			MEDICAL EXAMINER	SIGINE	U	
	MEDICAL E ECUTE THE C SE 4 SHOUL FUNERAL D FR DEATH, I		(TYPE OR PR	NAME Der	nnis F. Sn	nyth, M.D.		_ADDRESS111	Penn St., Ba	lto., M	id. 2120	)1
000	524544	23a.B	URIAL, CREMA	TION, REMOVAL 2				OR CREMATORY	23d. LOCATION CITY OR TOWN	COU	NTY	STATE
1 Chef	YBP 9		BURI		11-28-87	Harmo	ny Me	morial Pk.	REC'D. BY REGISTRADOW	Md.		
120	DHMP - 17	24. F	HAE T	Rhines C	301 ADDRESS	141 O		.C. 200101	REC'D. BY REGISTRAROUS	AFGISTRAR'S S	GIGNATURE	LEA.
	(VR A15 ME (5))	5	ATTT T.	WILLIES CO	J., JULD 12	tn St. N.	E., D	.C. 200101	30 1987 18	me have	-1. /	

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCITALIS

37 -	STATE REGISTRAR			DEPARTA	CERTIF	ICATE OF DEATH	GIENC) /	REG. NO			
	CEASED NAME	FIRST		MIDDLE		AST	2a. DATE OF			DAY YEAR	2b. HOUR
{ I YPE	OR PRINT)	Juani	ta	W.		Johnson	Nove	ember	11	1987	12:27p <sub>M</sub>
3. SE	X		4. RACE		5. DATE C		6. AGE (IN Y	ARS LAST BIRTH	(DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	FEMALE		TIHW	TE:	DEC	A A	87		YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE			WHAT COUNTRY?	8.		9 BALTIMO	RE CITY OR		Y OF DEATH	
(	N. CAR	OT.TNIA	U.S.	۸	MARRIE	D NEVER MARRIED DIVORCED	3	rince			
10. CI	TY OR TOWN OF					OR OTHER INSTITUTION	12a. USUAL C				OF BUSINESS OR
]	Lanham		AMI DO	octors H	ADDRESS) OSPit	al of Pr. Geo		OUSEW.		INDUSTRY	HOME
USU, 13a. S	AL RESIDENCE (IF PETATE  Md.	13b. COUN P.G.	VITY	GIVE RESIDENCE BEFORE  13c. CITY OR TOW  HYATTSVI	N	134 INSIDE CITY LIMITS? YES 📉 NO 🗌	13e.STREET A	ADDRESS / JEFF			20781
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME	WIDDIE		ŁAS	
	JAMES		M.	WINSTON		IDA		P.		EZELL	51
	VAS DECEASED EV			166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRES	5		
{'	YES, NO OR UNKNOWN	(IF YES, GIV	E WAR OR DATES)	216-10-6	7924	BERNARD N.	TOHNSON	(5	AME A	AS ITEM	#13)
		ATU /Enter or	lu ana sausa na	line for (a), (b), one		DELCTED IV	0 011110 011	(52	<u> </u>		IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	H WAS CAUSE	D BY:	7 1.	1	1	. 1.			BETWEEN	3 1
		IMMEDIA	E CAUSE (a)	ardiop	4 11140	many Agree	7-1-		-		Say
			DUE TO, O	RAS A CONSEQUE	NCE OF						0
	Conditions, if o	ony, which	( 16)	maco ti	VP H	east lailure					
	gove rise to		101		*						
	couse (o), st		DUE TO, O	R AS ACONSEOUE	NCE OF	U					
	underlying co	ouse lost.	( (c)	septices	mia						
	PART 2 OTHER S	IGNIFICANT	ONDITIONS			NOT RELATED TO THE TER	MINAL DISEASE	OR COND	ITION GIV	VEN IN PART 1	0.1
Z	D .10.	. 05	1	1		0 11					
CERTIFICATION	BAGAT	nal on	40 CM 91		5-6122		allure			nia,	
S	196. DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	P511	IN-CERTI	S, WERE FINDING CAUSES	OF DEATH?
三							YES 🗀	NON		ES 🗆	NO
E	21a. ACCIDENT WAS	UNDERLYING [	1 21b. TIME C	OF INJURY		21c HOW INJURY OCCU	RRED (ENTERNA	THRE OF INJURY			
	OR CONTRIBUTING	_		M. MONTH DA	YEAR		TENTER IN	ORE OF HAJORS	ir riem ro	· Ani · On · Ani · o	
CA	( IF EITHER, NOTIFY A	MEDICAL EXAMINER	P.	Μ.	19						
MEDICAL	21d. INJURY OCC	URRED		OF INJURY		21f LOCATION		CITY OR TOW	rb.i	COUNTY	STATE
8	WHILE NO	WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC )	SIREET		CITTORTOW			STATE
						1 50 600	NIA.	Vanta	5 11	00	
					a 8	nper30, 1987		Vembe			that (I) (we) los
	sow the dec	eosed alive on e) (did) (did no	November of	offer death	, 01	nd that in (my) (our) opinior	death occurre	d on the dot	e and hou	ur and from the	couses stoted
	22b. SIGNATURE		1	)		DEGREE			-	22c. DATE	SIGNED
	1	PI		_	1	ATTENDING	MEDICAL	STAFF		77.07	7 70 7
	H	N- CH	UNIN 1	MON							V. 12, 1
	226. PHYSICIAN'S	NAME (TYPE C	R PRINT)			22e ADDRESS	1 Bult	imore	Ave	noe K	Wer day
	CHIN-	CHUX	AN HS	N.		Maryla	nd or	TEPE			
23a. F	BURIAL, CREMATIC			23, N	IAME OF C	EMETERY OR CREMATORY	23d. LOCA				
(	SPECIFY)	,					CITY	ORTOWN	_	COUNTY	STATE
	BURIAL		11-16-	TAO! 1.1	للىل .	COLN CEMETER		<u>IOOWI'N</u>		G.C.	,Md.
24 Ft	JNERAL DIRECTOR	R		4000000						TRAR'S SIGNAT	
	W. W. CH	AMBERS	CO.	RTVERT	AT.E. N	M. 20737 NO	W 161	48/	and I	Twiden . K	andallo

DHMH - 16 60M 7/B (VRA 15, 4)

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illed in by the funeral director, page 3 old be filed within 72 hours after death

	FOR
07	STATE
0.7	REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

	F	REG	,	Ν
. 70	 0.0	4 74	7	

									REG. N	J				
		CEASED NAME OR PRINT)	NEZ2		RDENIA		JONES		NOV EMBER	MONTH 7	1987	YEAR	26 HOU 11:3	
	3. SE	SEX 4 RACE				5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)				24 HR5
	Fe	Temale Black				May	28 1	Ľ9°05	82	YRS	MONTHS	DAYS	HOURS	MIN.
1	7a. BI	BIRTHPLACE (STATE ORFOREIGN 76. CITIZEN OF WHAT COUN				8	M		9 BALTIMORE CITY C			ATH		
1		rth Caroli		U.S.A.		WIDOWE		CED [	PRINCE					MD.
3		ITY OR TOWN OF DEA Lanham	ATH	AMI DOC			L OF PR. (		120. USUAL OCCUPAT  LITYPE OF WORK FOR MOST O  CO. Super	F WORKING	LIFE) IND	KIND O USTRY Vone	F BUSINE	SSOR
10	ÜSUZ	AL RESIDENCE (IF NURS	SING HOME OR		GIVE RESIDENCE BEFORE		D 01 11(.	010.	oo. Duper	TOÓI		.VOITE		
5		ryland	P.G.	ITY	Greenbel	t	13d INSIDE CITY LI	MITS?	13. STREET ADDRESS. 8633 Green	zip co celt	Rd.,	T3 (2	20770	))
-	14. F.A	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAM	NE MIDDLE			5		
2	Jo	hn			Davis		Cora					Ritt	er	
	16a. V	VAS DECEASED EVER YES, NO OR UNKNOWN)		E WAR OR DATES)	166 SOCIAL SECU	RITY NO.	17. INFORMANT	- 7.1	ADDR				2.00	112.0
	INO		1		Unknown		Gwendory	yn Joi	hnson (daugl	iter)				
		18. CAUSE OF DEAT PART I. DEATH W	H (Enter on /AS CAUSE	ly one cause per D BY:	line for (a), (b), one	A-	,	. /	of-		8	APPROXI	MATE INTER	DEATH
			IMMEDIAT	E CAUSE (a)	111100	arac	as v	MICE	scuen			au	y.	_
		Condition it	4 : 4	DUE TO, O	R AS A CONSEQUE	NCE OF	~ 811	0019	for a	120	can	1	he	,
		Canditians, if any, gave rise to imm	nediate	3-	1.	4	wy	1	1	/ (8	cur	-71	3	
		cause (a), stotin underlying cause		DUE 10, 01	RAS/ACONSEQUE	NEE OF	asrul	ava	thear			V		
		PART 2 OTHER SIGN	VIFICANT	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT PELATED TO T	HE TERMI	PAL DISEASE OF FOM	DIMON	SIVEN IN F	ART 11c	3	
	Š.	States Post Bilate				ilatera	1 15	Il amfula	Ca.		-/			
)	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH (			OPERATIO	N WAS PERFORME	D	YES NOW	IN CER	TIFYING C	FINDIN	OF DEAT	H?	
0	CER	210. ACCIDENT WAS UNE	_	1100110 1			21c. HOW INJURY	OCCURRE	2002			PART 2)		
1	AL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI		a m	m, month da m	Y YEAR								
-	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION		CITY OR TO	14/0.1	601	YTY		TATE
	¥	WHILE NOT WE	HILE	(AT HOME STR	EET, FACTORY, OFFICE, FA	ARM, ETC )	SINCE		CHYORIG	WIN	COC	JINIT	2	TAIL
		22a.1 certify that (I)	(this hospi	tal) attended/th	e/deceased fram_	10	30 . 19	87	_, to	7	. 19	2.	that (1) (v	we) last
		sow the decoase	ed olive on	t) view the body	after death.	J. 1	d that in (my) (our)	opinian d	eath accurred on the d	ate and h	aur ond fr	om the	couses sto	ited
		226. SIGNATURE		- (	a and	1	DEGREE		,		22	DATE	SIGNED	
				1 min de	in su	_		ICIAN/	MEDICAL STA			11/8	10	)
		22d. PHYSICTAN'S N	AME (TYPE O	R PRINT)	CF.		22g. ADDRESS	/	. 1/	61	1 11	11	1.1	1.0
_		SUR	IND	ER	SINCY		19/00	Der	win House	KA	Colle	81	azer	1711
		BURIAL, CREMATION,	REMOVAL	236 DATE			EMETERY OR CREM		238 LOCATION		COUNT	Y	S	TATE
	24 51	INTERNAL CHRESTOR	-				Cemetery		Robbins			10111	105	
	Va	JNERAL DIRECTOR nn <sup>na</sup> & Willi	ams.	4804 Ga	ATZOADDRESST	TAT TAT-	ch D C	25a. DATE	REC'D. BY REGISTRAR				-	
				-501 30	·	VV., VVd	isii.,D.C.	) <b>3.45</b> (3.4	10 130/	illia d	Corder	v. Kao	dans	

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or Item 18 the same

or other true

IMPORTANT: If Item 21 is marked or Item

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STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTA	LHYGIENE
CERTIFICATE OF DEATI	-

8	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYO ICATE OF DEATH	GIENE /	) )	3 3 ,	
	CEASED NAME FIRST		MIDDLE	l.	AST	2a DATE OF DEATH	MONTH DAY	YEAR 25 HOUR	_
(TYPE	WADE	0		JON	ES JR		11- 28	-87 12:100	м
3. SE	X	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY) IF U	NDER TYEAR IF UNDER 24 HRS	_
	Male	Cauca		12-		53	YRS.		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	orth Carolina	U.	S.A.	WIDOWE	-	1 PRINCE	6506	2GES M	D
(	LINTON OF DEATH	O. MAR	HOSPITAL, NURSIN HFACILITY, GIVE STREET	ADDRESS)	TAL CENTE	12a USUAŁ OCCUPATI TYPE OF WORK FOR MOST OF Proof reac		126 KIND OF BUSINESS OF INDUSTRY  U.S. GOVT	2
	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	113e STREET ADDRESS	ZIP CODE	22/1	
1	Maryland Pr	Geo.	Brandywi		YES NO	3516 Dans		200/	mer (
U FA	THER'S NAME				15. MOTHER'S MAIDEN NA		TITE K		
	FIRST	WIDDIE	LAST	4	FIRST	WIDDLE		Horner	
16a V	Wade  VAS DECEASED EVER IN U.S. A	PMED FORCES?	Jones	Sr.	17 INFORMANT	ADDRE	SS	TOTTICE	_
	YES, NO OR UNKNOWN) (IF YES C	GIVE WAR OR DATES)				0.			
_	Yes W	W11	244-42-7	861	Sammie D.	Jones Same a	is 13e		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		line for (0), (b), one	d (c).)	(10 - 0	1 4 / \		BETWEEN ONSET AND DEATH	
		ATE CAUSE (o)	Caryn Real Co	shop (	inthe Palmonary	metastases		( year	
		DUE TO O	R AS A CONSEQUE	NCE OF		y y		V	
	Conditions, if any, which	( (b)_	( AS A CONSEQUE			43			
	gove rise to immediate couse (a), stating the								_
	underlying couse lost	1	R AS A CONSEQUE	NCE OF					
	PART 2 OTHER SIGNIFICANT	(o)	NITRIGUIDADO TO D	NE ATH BUIT	NOT BELLIED TO THE TERM	Albian Dissass on com	DITION COVEN	D. D. D. D.	-
Z		rinary bl	adda. Mi	COA "	to a star of Call	0. 1 1	JITION GIVEN	IN PART ITO	
VIIC	190. DATE OF OPERATION		TION FOR WHICH	OBERATIO	WAS PERFORMED	200 AUTOPSY?	TORL IE VEC VA	ERE FINDINGS USED	
CERTIFICATION	198. DATE OF OPERATION	196.Q.OND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	1.1		G CAUSES OF DEATH?	
RT						YES NO	YES [	NO [	
	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF D	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	ORPART 2)	
CAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		M.	19					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE			211 LOCATION	CITY OR TO	WN	COUNTY STATE	Т
Σ	AT WORK NOT WHILE AT WORK	TAT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC )	SINCE			3127	
	220.1 certify that (1) (this has	pital) attended the	deceosed from		Jane 19 86		hola 19	that (I) (we) los	1
	sow the deceased alive a above, (1) (we) (did) (did i			, on	d that in (my) (our) opinion	death accurred on the de	ate and hour on	d from the couses stated	
	226. SIGNATURE	0 1		[	DEGREE			22c DATE SIGNED	Т
	10 g	~ Gerso			ATTENDING PHYSICIAN I	MEDICAL STAI		11-28-87	
	22d. PHYSICIAN'S NAME ITYPE	OR PRINT)			22e ADDRESS			0 0 1	-
	Kai -414 4	EUNG h	X		8926 Woody	ard Rd # 20	1 Clinto	N, 75 2073+	

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DHMH - 16 60M 7/B4 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

23¢ NAME OF CEMETERY OR CREMATORY Lee Crematory

23d LOCATION CULY OR TOWN Clinton

Pr. Geo. Md.

Cremation 111-29-8/ 6633 Old Alexander Ferry Rd. Clinton, Md.

DEC 02 1987

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE who buildon Handell

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20 DATE OF DEATH 7h HOUR (TYPE OF PRINT) Joshua Sept. 21, 1984 9 BALTIMORE CITY OR COUNTY OF DEATH 7n BIRTHPLACE 7h. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED XX Prince George's Maryland U.S.A. WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING (IFE) Malcolm Grow Hosp. Andrews AFB Camp Springs USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? New Mexico Eddy Carlsbad 305 L. Street 88220 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE Theodore Jordan Claudia Smith 16b SOCIAL SECURITY NO. 17 INFORMANT 4268-1 Wilmington Dr 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) Theodore Jordan AAFB Camp Springs, Md. N/A APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). QUENCE OF Inhalottion Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 71d INJURY OCCURRED 220 I certify that (I) (this hospital) attended the deceased from saw the deceased olive on. 224 DATE SIGNED TENDING PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR 23g BURIAL CREMATION REMOVAL N. M. Burral Carlsbad 11/87 Carlsbad Cemetery Eďďv 750 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Lee Funeral Home, Inc. 24 FUNERAL DIRECTOR in Devideon Randage DHMH - 16 60M 7/84 (VRA 15, 4) 663B Old Alexander Ferry Rd Clinton, Md 20735

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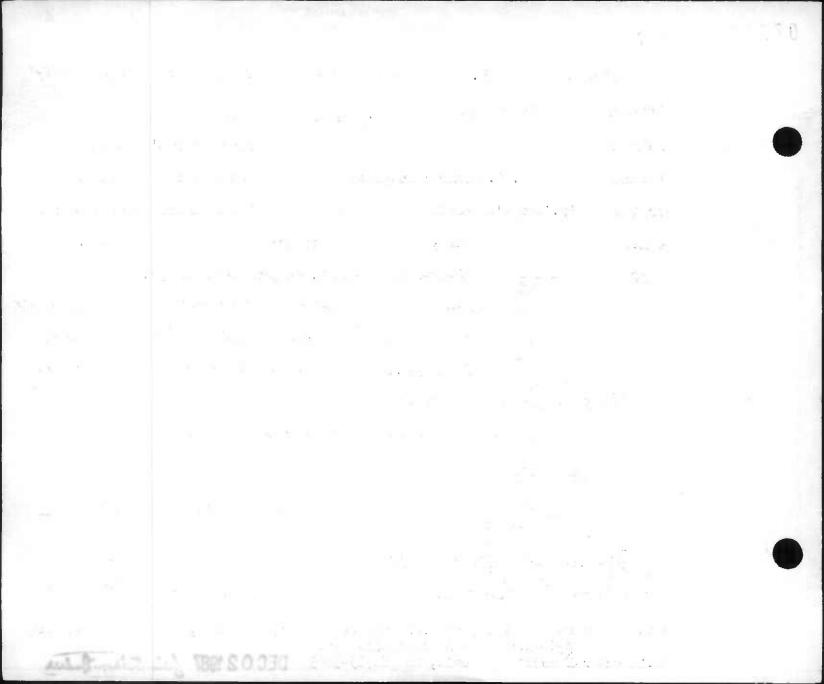
### STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				CEASED NAME FIRST		MIDDLE	, U	IST.	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	o.	page 3 or death	[TYPE	SALLIE	E I	Ξ.	Ke	EGAN	NOU 2	3,19	87	210PM
	4 тау	or po	3. <u>SE</u>		4 RACE	7-5	5. DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR	RTHDAY IF U	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
1	ge	ors o		EMACE	WHI	10	DEC	25, 1911	.75	YRS		
	9	2 ho		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIET	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	leot	in 7	- 2	Delaware	USA		WIDOWE	D DIVORCED	Prince Geo			MD.
	ter o	事 1	10. C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATI		176 KIND O	F BUSINESS OR
0	rs of	Filed to		neverly	P. G.	General :	Hospi	tal	Homemake	r	own ho	ome
212	ā	c e "6" e	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
N	24	CC	Ma		eorge s	Bowie		YES NO	12122 Lon		Lane	20715
Y.	(1)	前71/	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA.	ME		LAS	
MAN	1	1/0/		James	MIDDLE	Pusey		Patience	Moore		unk	
RE,	a con	8 0 /	160 V	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
IWO	be ex	on and a rs. Pages	(	YES, NO OR UNKNOWN) (IF YES, GI	/E WAR OR DATES)	214-10-8	812	John W. Keeg	an same as	13e.		
BAL	o e	□ = = =		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	ly ane cause pe				1 1 000		BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.,	rtific	physical phy			TE CAUSE (a)	CARDI	ORE	SPIRATORY	AKKES/		100	MINUTO!
NO	th ce	corb corb or r			DUE TO, O	R AS A CONSEQUE	NCEPF	C /	21/11 0	Mell	1.	
EST	deoth	attendin nove carb lation, ar troumatic		Canditions, if any, which gave rise to immediate	(b)_	HYL	OX	C ENCE	PHALOPI	4117	10	UEEIC
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	hot the	ed by the flease rem ial, cremo or other t		cause (a), stating the underlying cause last.	DUE TO, C	TS CH	NCE OF	CARD.	10m XoPA	XXIX	20	Mon
5, 20	aires 1	on gang	,	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D		NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART I	a
ORD	requ		5	FERFOR		0 121		TICULIT	Tab AUTORSY2	20b. IF YES. W	ALDER SINIDA	ICC USED
L REC	e low	Q E E E	CERTIFICATION	19a DATE OF OPERATION	196 COND		HNAL	COLONIC FISTER	200 AUTOPSY?	IN CERTIFYIN	NG CAUSES	
VITA	≓.	sing physician.  s certificate has la coundi-transit perr Mental Hygiene profitem 18 shaws at them 18 shaws at them 18 shaws at the sha	CER	210. ACCIDENT WAS UNDERLYING	110110 4	OF INJURY		21c HOW INJURY OCCUR		JRY IN ITEM 18 PART	I OR PART 2)	
PO	1 5	ding physici is certificate burnal-transi Mental Hygi or Item 18 sh		OR CONTRIBUTING CAUSE OF DE	AIH	.M. MONIH DI	19					
NOIS	PHYSICIAN	attending p After this certificas the burial-ical the nad Mental marked ar Item	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	ARM ETC )	211 LOCATION STREET	CHYORIC	OWN	COUNTY	STATE
N	S	officer os the orke	1	AT WORK NOT WHILE					4-1		0	
_	Q.			220.1 certify that (1) (this hose	Alnela	_	(2)		)	. 19.		that (1) (wa) last
	ATTE	hospito RECTO sed for ept of h	1	saw the deceased alive at abave, (I) (wex (did) (did a				id that in (my) t <del>oucl</del> apinian	death accurred an the d	ate and haur ar		
				22b. SIGNATURE	1 /	2.1	10	DEGREE	MEDICAL STA	FF	22c. DATE	SIGNED
			1	larus	M	Johnes	JUX	PHYSICIAN	MEDICAL STA	CIAN	wou	27,178/
	HOSPITAL	TO FUNERAL should be detrivith the State		NORMAN!	PRINT POI	HREA		3º ADDRESS SU	PERIOR LA	NE	Bow	IE MA
	2	ē 5 € 3 ₹ 7		BURIAL, CREMATION, REMOVAL	23b DATE	236 1	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	1	BP		emoval/Buriel/	NOW 2	8,1987 Od	d Fel	lows Cemetery	Laurel,		D	elaware
	DHA	MH - 16 60M 7/84	24 F	UNERAL DIRECTOR	alis	16000 An	napol	is Road 250 DA	TE REC'D. BY REGISTRAR	754 REGISTRA	R5 SIGNAT	URE
	Ç. 17	(VRA 15, 4)	В	eall Funeral Ho	me	Bowie, M	-	715-3043   <b>DE</b>	C 0 2 1987	Julia Die	in 1	Lue



STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENS	
CERTIFICATE OF DEATH	

073855 DEC-	316	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYG	REG. NO	) s/	<i>y</i> ,	
		CEASED NAME FIRS	T .	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26, HOUR
nay be page 3	(1464	Evel Evel	yn I	3.	Kel	leher	November	r 24,1	.987	12:55P <sub>M</sub>
mer de la constant de	3. SE	X	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	(HDAY) IF UN	OER I YEAR	IF UNDER 24 HRS
oge 4		Female	Caucasi		-	ember 7, 1912	75	YRS		HOURS MIN.
eoth. P		IRTHPLACE (STATE OR FOREIGF COUNTRY) (assachusetts	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DEVER MARRIED DIVORCED	9 BALTIMORE CITY O Prince	<u>R</u> countyof George's		MD.
rs offer d	10 C	anham	AMI DOC	tors Hos	G HOME (	of Pr. Geo C	120 USUAL OCCUPATION OF WORK FOR MOST OF Homemake	F WORKING LIFE)	Own h	F BUSINESS OR
AND 2120 n 24 hours	130. S Ma	ryland Pr	me or other institution county George's	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Bowie		13d INSIDE CITY LIMITS? YES 🖟 NO 🗌	13e.STREET ADDRESS / 12011 Tul:		Driv	re 20715
MARYLAND red within 24 and property figure and continues to the second continu	13	ATHER'S NAME FIRST (ark	MIDOLE	Bartal		Teresa	WIDDIE		Gi	iver
BALTIMORE, cote be executivity system and cappers. Pages I wal.		WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	018-14-1		Paul H. Kell	12075 eher Bowie	SS Tulip Maryl	Grove	
1 W. PRESTON ST., hat the death certific by the attending ph ose remove carbon pose remove carbon post, cremation, or remorrantic ever other traumatic ever		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause loss	DUE TO, O	Candro D RAS A CONSEQUE OS PUN ON RAS A CONSEQUE Shrance	NCE OF	pneumoni	tes			
35, 201 luires the signed b nen plear o burial, jury, ar a	Z		_	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	PART Ito	,
AL RECORI	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir rottending physicion. Wer this certificate been sig as the buriol-tronsit permit. Then th and Mental Hygiene prior to b orked or tem 18 strows any injury	MEDICAL CER	21a, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR A.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1	OR PART 2)	
NG PHY offendings the but of the	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC }	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
ATTENDIII aspital or eCTOR. A d for use t, of Heali		220.1 certify that (I) (this saw the deceased alimatory, (I) (we) (did) (did)	ve on	24 19		nd that in (my) (our) opinion o		ote and have and	from the	
TAL OR by the hc Act DIRE detacher tote Deport		22b. SIGNATURE	white c	- MD			MEDICAL STAF DIRECTOR PHYSIC		Nov.	25,1987
HOSPI oined b FUNE ould be ith the S		22d. PHYSICIAN'S NAME (				14300 Galla	nt Fox La.	Bowie, M	aryl	and

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 236 DATE 23E NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OF TOWN

Montgomery

Gate of Annapolis Funeral

Division Pe

TOTAL SERVICE SERVICES OF RECEIVE

DEC 0 2 1987 Act. Johnson

Day of the contract of the con

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

3 3

L	87	STATE REGISTRAR			DEFARIA	CERTIFICATE OF DEATH  REG. NO.								
-	1. DEC	CEASED NAME	FIRST	MIDDLE			AST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR						
1	(TYPE	OR PRINT)	HENR'	<b>′</b>	W.	KE	ELLEY		11	17	87	10	05PM	
-	3 SEX	(		4 RACE		5. DATE C		6 AGE (IN YEARS LAST B	RTHDAY	IF UND	ER I YEAR	IF UNDER	24 HRS	
1		Male		Black	ς	Mar		72	YRS	MONINS	DATS	HOURS	MIN.	
7		RTHPLACE (STATE O	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D A NEVER MARRIED	9 BALTIMORE CITY	OR COUNT			- 1		
1		uth Care	olina	USA		WIDOWE		PRINCE GEORGES COUNTY						
11		TY OR TOWN OF D		11. NAME OF	HOSPITAL, NURSIN	G HOME C	ROTHER INSTITUTION	12a USUAL OCCUPAT				F BUSINE		
1	CHEVEN THE SECOND SECON					ITAL CENTER	Retire		INE) IN	DUSTRY				
1		AL RESIDENCE (15 NI TATE	URSING HOME OR		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e.STREET ADDRESS			200	18	5	
-		aryland	P.	G.	Landove	r	YES NO	1827 Be	elle	Hav	ren	Driv	ve .	
1	MA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE			LAS	Ť		
2	H	enry		W.	Kelley		Hannah			La	avan	ne		
1		VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR						
		no	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		577 14	9270	Carrie Kel	ley-wife	-1827	∂ Be	elle	Hay	ven	
		18 CAUSE OF DE	ATH (Enter or	ly one cause per	line for (a), (b), one	diesi	Drive, Lan		aryla	ind	APPROXI	MATE INTER	DEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio bulmonary await												
DUE TO, OR AS A CONSEQUENCE OF														
	Canditions, if ony, which (b) possible acute Myo carcleal													
		gave rise to i		DUE TO O	R AS A CONSEQUE	NCE OF	20:							
		underlying cal	use lost.	(c)		MOSC	levosie Ge	nevalize 8						
		PART 2 OTHER SI	IGNIFICANT (	CONDITIONS CO	ONTRIBUTING TO [	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COP	DITION G	IVEN IN	PART 110	1		
	O	D	abete	e melli	tuo.	Hughe	en leution							
1	CERTIFICATION	19a DATE OF OPE	RATION	196 COND	ITION FOR WHICH	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?							
	TE							YES NO YES NO						
-	CER	21a. ACCIDENT WAS			FINJURY M. MONTH DA	VEAD	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2)						
1	AL	OR CONTRIBUTING		NIP.	M. MONTH DA	19								
	MEDICAL	21d. INJURY OCC		21e PLACE	OF INJURY		211 LOCATION	CITY OR I	OWN	Te c	YINUC	5	TATE	
	E	WHILE NOT	WHILE	(AT HOME ST	REEL FACTORY OFFICE F	ARM ETC )	JIREE.							
		22a. I certify that	(I) (this haspi	tal) attended th	e deceased fram_	11-	12-87 1987		2	, 19 8	7	that (1) (y	last	
		saw the dece	ased alive an	it) view the body	after death	87.01	nd that in (my) (aur) apınıan e	death accurred an the	date and ho	our and	fram the	causes sto	ated	
		226. SIGNATURE	10	-			DEGREE			2	2c. DATE	SIGNED		
		-/(	X/d	usta	21	1	ATTENDING PHYSICIAN	MEDICAL STA	CIAN					
1		226. PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e ADDRESS 61.3	Laudan	or E	201			100	
		RAVIN	DER	k. Rus	TAGI M	D	Che	VENCY A	id a	207	85			
		BURIAL, CREMATIO	n, removal	23b. DATE	23€ 1	NAME OF C	EMETERY OR CREMATORY	234 LOCATION		<del>-</del>				
	_	Specieri Surial	0	Nov.	17 1987	2 Par	k Lawn Ceme	etery Roc	kvil	le.	Md	5	STATE	
	74. FL	INERAL DIMECTOR	26	7	10, 100 .76	74	25a DAT	ENEC STRA	REGI	11 /	-	URE X	and all	
	S	Lewart	Tuhera	1 Home	-4001 B	enni	ng Road, N.E		7	7				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE/ MEDICAL EXAMINER'S CERTIFICATE OF DEATH

120E	PE OR PRINT)	AE FIRST	WE	WIDDLE		EK 3 C	LAST	CAILO		DATE KN	CTI -	MONTH	DAY YE	AR Zb HO
		James	Willia		Phillip		Keys			DEATH M	ATED [		. 4,19	87 4:4
M. SE	x ale	White	July 18,	1911	6. AGE (IN YE LAST BIRTHD 76 Y	AYI MONTH		IF UNDER		C. DATE RONOUNCI DEAD	ED [	Nov.	4, 19	87 4:46
V	IRTHPLACE (REIGN COUNTRY)		U.S.A.			WIDOW	ED 🗆	VER MARRI DIVORC	ED	Prince	Ge	_ orge¹	S Coul	
R	iverdal	e	II NAME OF HOS (IF NOT IN SUCH FA Leland A	Aemor	reet ADDRESS)	spita		TION	Plum	OCCUPATION OF WORKING	TION (TY G LIFE)		Self-E	
13a S	aryland			13c. CITY	OR TOWN		YESX	NO 🗆	5705	43rd	Ave	enue,	#1 2	0781
	ATHER'S NAM	Le	achman		e <b>ys</b>		An	er's Maide Inie	N NAME	Eliza	beth		Waite	
N	ES, NO, OR UNKN	D EVER IN U.S. ARA OWN) (IF YES, GIVE V			16-94		Anna Anna		Keys				13rd A sville,	Md.
	18 CAUSE O	OF DEATH (Enter onli EATH WAS CAUSED			and (c).)	ridal	Disa	250					BETWEEN	MA 2078
7	couse (o lying co	IGNIFICANT CONDITIONS C	DUE TO, OR	AS A CON		OF	50		prince of				Yea	
TIO	None	F OPERATION	Tigh CONDIT	ION FOR V	VHICH OPER	ATION W	AS DERECE.	MED?					20 AUTO	neva .
CERTIFICATION	None		170 001011	TOTAL OR V			NOTENI ON							□ NO
		AL CAUSE WAS G OR ING CAUSE OF D	216. TIME OF HOUR A.M EATH P.M	MONTH	DAY YEAR	2 Ic. HC	W INJURY	OCCURRE	D LENTER NA	TURE OF INJURY	IN ITEM 18	PART I OR PA		
MEDICAL	VHILE AT WORK	OCCURRED  NOT WHILE AT WORK	21e PLACE C STREET, FACT	OF INJURY ORY, FARM, ET			REET	-	15	CITY OR TOWN		со	UNTY	STAT
		ify that I took charge	e of the remains des	Accident	ve, held on	Autops	Homic	Inspection Cide PECIFY) Outy	Undeter	Inquiry mined monn	er,	DATE SIGNE	Nov.	4, 19
-	EXAMINER'S (TYPE OR PR	NAME John	S. Roger	s, M	.D.	>	ADDRESS_	1919				Silve	r Spri	ng, M
(	Bul		1/07/87	Woo	ame of cea odbine	Вар	tist C	Churc	23d LOC CITY OR Inc	depend	dent	Hill	w₩illia	m <sub>itate</sub> Virgii
		Casch's S		ral H	ome,	P.A.		NO NO	REC'D. BY R	1987	25b REG	ISTRAR'S S	IGNATURE POR	
4/	39 Ral	timore Av	enue Hya	ttsvil	le, Mo	d. 20	781	110	10	.001	J	Marriad	a No. Varyer	

FOR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3 3

UTEGISTRAR			CENTILI	CAIL OF DEATH	REG. N	10.					
I. DECEASED NAME FI	351	MIDDLE	LA	ST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR			
	zses I	Valter	KIN	G SR.	November 7	1987_		4:05 P			
. SEX	4 RACE		5. DATE OF		6. AGE (IN YEARS LAST B	IRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS			
Male	Black		Jan.	. 31, 1926	61	YRS.	DATS	HOURS MIN			
BIRTHPLACE (STATE OR FOREIT	3N 76 CITIZEN OF	WHAT COUNTRY?	8. AAPPIER	NEVER MARRIED -	9. BALTIMORE CITY	OR COUNTY C	F DEATH	7. 1			
D.C.	USA	A	WIDOWED		PRINCE G	EORGE 'S	3	M			
CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME OF	OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND C	OF BUSINESS O			
LANHAM	AMI DO	CTORS' HOS		OF PR. GEO.		tired	INDUSTRI	Gov			
UAL RESIDENCE (IF NURSING H				13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 710 CODE	1	ハフハノ			
Maryland	PG	Lanham		YES NO		ltimor	e Lan	e/U			
FATHER'S NAME				15. MOTHER'S MAIDEN NAM							
John FIRSJ. Kin	g	LAST		Emm'a Lac	A WIDDIE		LAS	ST			
MAS DECEASED EVER IN U		166. SOCIAL SECUI	RITY NO.	17. INFORMANT	ADDF	RESS					
(YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	578 38	8477	Barbara M	. King-w	ife-50	11 Ba	ltimor			
IR CAUSE OF DEATH (F	18 CAUSE OF DEATH (Enter only one cause per line for 10) pt, and 10)										
PART I. DEATH WAS	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  IF CUTE CATAL PULL AND										
1000			1	1 / M.	2 2 And Dia	121=1	DOF	100			
C IN III		R AS A CONSEQUE	NCE OF	teun 1190	OCANDIAL	101-1	100				
Canditians, if any, wh gave rise to immedi	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			/	-2.1	0	-				
cause (a), stating	the DUE TO, C	R AS A CONSEQUE	NCE OF	ARDIOGEN	JIC SITC	THE					
underlying cause in	(c)_										
	ANT CONDITIONS C			NOT RELATED TO THE TERMI	INAL DISEASE OR COM	NDITION GIVEN	IN PART 1	a,			
190 DATE OF OPERATION	196. COND	ITION FOR WHICH	7 1 1	050	20a AUTOPSY?	WERE FINDINGS USED					
DI4						OF DEATH?					
210. ACCIDENT WAS UNDERLY	ING 1216, TIME	OF INJURY		21c. HOW INJURY OCCURR	YES NO		t-and	NO []			
OR CONTRIBUTING CAUS	110110	M. MONTH DA	Y YEAR		ED ( EMEX MAIORE OF THE	OKT HATIENT ID TAK	T OR T ART E)				
(IF EITHER NOTIFY MEDICAL E		.M. OF INJURY	19	211 LOCATION							
21d. INJURY OCCURRED	(AT HOME ST	REET, FACTORY, OFFICE, FA	ARM ETC )	STREET	CITY OR T	OWN	COUNTY	STATE			
AT WORK							03				
220.1 certify that (1) (this	111 -	7	2 - 1/	6 19 3	, ta	, 19		that (I) (we) la			
saw the deceased a abave, (1) (we) (did)	did nat) view the bady	after death.	2 , and	d that in (my) (aur) apinian c	leath accurred an the	date and havr o	ind fram the	causes stated			
22b. SIGNATURE	CNATURE DEGREE										
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN										
	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS										
AROOR	RAO, M.D.			6130 Oxon Hil	11 Rd., #36	)1, Oxor	n Hill	, Md.20			
230. BURIAL, CREMATION / F.M.	OVAL TIS DATE	23c N	IAME OF CE	METERY OR CREMATORY	123d. LOCATION						
Burial	/ Nov.	18/198		ort Lincoln		y Bren	cewwo o	d, Marry			
24 FUNERAL DIRECTOR	Hill	77011	NIA	1-1/1250 DATE		-	PLUB CHA				
- NAME	aral Ham	e-4001 B	INC	ng Road, N.E	MINTO	1901	The state of the s	PORE			
Stewart Fun	eral Hom	E-4001 B	enni	ng Koad'n'E	•						

Benning Road, N.E.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

MPORTANT. If hem 21 is marked at hem 18 shows any injury, as other train

(VRA 15, 4) 6613 Old Alexander Ferry Rd Clinton, Md 20735

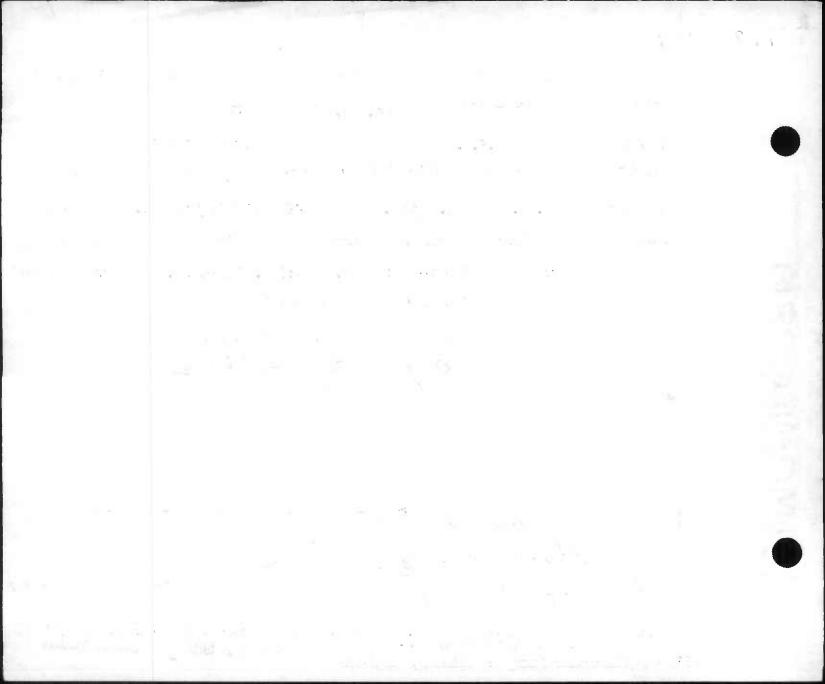
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

**CERTIFICATE OF DEATH** 

3

02 NOV 13	37	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYO ICATE OF DEATH	GIENO /	NO.		
		CEASED NAME	FIRST	,	MIDDLE	L.	AST	2a DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
page 3	(TYPE	OR PRINT)	EDIT	н !	M	K	LINE	1	11	08 87	12:24A M
Pog ter de	3 SE		4 RACE		5. DATE C		6 AGE (IN YEARS LAST	HRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
4 0 4	Fe	emale	Caucasi	.an	Aug.	17, 1928 YEAR	59	YRS.	MONTHS DAYS	HOURS MIN.	
Page directe hours of	7e:°BI	RTHPLACE (STATE OR FO	76 CITIZEN OF	WHAT COUNTRY?		X NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
noth.	Ma	rvland	U.S	.A.	WIDOWE		PRINCE GE	ORGE 'S	COUNTY	MD.	
be executed within 24 hours ofter death, and and completely shad in by the fungral in pose 1 house 1 hed within 72 minutes a confided opening	10 CITY OR TOWN OF DEATH  CHEVERLY			11. NAME OF H	HOSPITAL, NURSII	NG HOME C	TTAL CENTER	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Homemake)	TION OF WORKING LI	126 KIND C	of Business or
nours Series	WSU.	AL RESIDENCE (IF NURSIN					THE CATALOGUE				JIIIC
24		ryland	P.	G.	Cap. Hg		134 INSIDE CITY LIMITS?	6703 Dry I			20743
第7年入	14. F.A	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		LAS	1
p W	Je	esse	,	Thomas	Quill	an	Edna	Mae			ward
m 1 3		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SEC	URITY NO	17. INFORMANT	ADD	RESS		
be ex		No	N/F	A CR DATES	577-32-	8608	Mr. Edward	E. Kline, S	ir.	Same a	
		18 CAUSE OF DEATH PART I DEATH WA	S CAUSE	ly one couse per D BY E CAUSE (o)		Loie	arrest			BETWEEN	MATE INTERVAL ONSET AND DEATH
requires that the death certificate in signed by the attending physical please remove carbon paper into burial, cremation, or amount injury, or other troumatic event.	NO	Conditions, if any, gove rise to imme couse 101, stating underlying couse	ediote the lost.	(b) DUE TO, OI	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	MENCE OF	dystro	bdica ai fuve	NDITION GIV	VEN IN PART 1:	0
no.  hos beer permit.  ne prior  ws ony i	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND							NGS USED OF DEATH?
SICIAN: The paysicue certificate priol-transit entol Hygie frem 18 sho	_	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DE A	TH HOUR A.		AY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
OR ATTENDING PHYSICIA the hospital or ottending pl DIRECTOR: After this certif backed for use os the burial-th Dept. of Health and Mental f them 21 is marked or them	MEDICAL	21d INJURY OCCURRE	ED	21e PLACE			211 LOCATION STREET	CITY OR	NWO1	COUNTY	STATE
TTENDIN pitol or 2TOR: Af for use of of Health		22a I certify that (I) ( sow the deceased above, (I) (we) (di	d alive on	1116/	87 19	-	nd that in (my) (our) opinion	to	dote and ha	19_87, ur and from the	that (I) (we) last couses stated
AL OR A the hos AL DIREC detoched ore Dept. IT: If Irem	K	22b. SIGNATURE	Gevou	lhy	Munda	8	ATTENDING PHYSICIAN	MEDICAL ST	AFF	22c. DATE	SIGNED
O HOSPITAL etoined by th TO FUNERAL should be dete with the Store		22d physician's NA/	ME ITYPE O	R PRINTS MO	RTHY		6/30, L	andover	Pol	Land	lover, me
D 6 E # 3 ₹ 1	23a I	BURIAL, CREMATION, R	EMOVAL	236 DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP		rial		11/12/	/87 Ft	Line	coln Cemetery	Brentwo		ince Ge	orge's MI
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR	Lee I	Tuneral	Home In	ic.	25a DA	JV 1 2 1987	R 256 REGIS	TRARE SIGNA	RE



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MEDICAL

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENS

DLI AI	CERTIFICATE OF DEATH	oiting /			
	CERTIFICATE OF DEATH	REG. NO.			
	LAST	20. DATE OF DEATH MONTH	OAY	YEAR	26 HOUR
	Kramer)	non	3 .	87	12:15
	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	# UND	CRITTERS:	#UNORITER HIS
	MONTH DAY YEAR	99	SHISHING	DAYS	ADURS MIN.

87 STATE REGISTRAR DECEASED NAME (TYPE OR PRINT) 3. SEX 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE-OR FOREIGN MARRIED NEVER MARRIED USA WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION FRE KIND OF BUSINESS F NOT IN SUCH FACIND, GIVE STREET ADDRESS) CTYPE OF WORK FOR MOST OF WORKING LIFE! INDILISTRY Home Maker own home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVERESIDENCE BEFORE ADMISSION)
130. STATE
134. COUNTY
136. CITY OR TOWN 13c CITY OR TOWN 13e.STREET\_ADDRESS / ZIP\_CODE INSIDE CITY LIMITS? Glen Dale 11709 Annapolis Road/20769 Prince Geo. YES XX Maryland NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Not Available LAST FIRST Not Available 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Highbridge Road (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO Eleanor H. Kramer Bowie. Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), onal PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOKX NO T YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from \_, that (1) (we) lost sow the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED DEGREE

ATTENDING

PM

22e. ADDRESS CHERRY CA LAUREZ UND 8317

STAFF

LUIS A CASAS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) NOV 5

23c. NAME OF CEMETERY OR CREMATORY

19

23d. LOCATION First Luth. Ch. Cemetery Bowie.

Prince George's

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

Beall Funeral Home

Burial

(IF EITHER NOTIFY MEDICAL EXAMINER)

Annapolis Road Bowie, MD 20715-3043

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Julia Davidson Randall 07 0 2 0 100 -5 67

Auto-2 67

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Carolina Constant

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MPORTANT: IF

CERTIFICATIO

MEDICAL

226. SIGNATURE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

Tanganaggan

CERTIFICATE OF DEATH

			REG.	NO.
20	DATE	OF	DEATH	MONTH

YEAR 2b. HOUR A

12b. KIND OF BUSINESS OR

Tesch

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

MD

DAY

Jeane Co	д П•	La	ugenegge	71	11/28/87		
3. SEX	4. RACE	5. DATE C		VE 48	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	1 YEAR
female	white	3	24	17	70	YRS	DATS
70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8	D XXNEVER MA	ADDIED	9 BALTIMORE CITY OR CO	UNTY OF DEA	ATH
Wisconsin	USA	WIDOWE		ORCED [	Prince Georg	e Count	су
io. city or town of death Riverdale	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI Leland Memo:	VE STREET ADDRESS)		TUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  homemaker	KING LIFE) INDU	VIND OI JSTRY /a
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 13b. COU		OR TOWN	13d. INSIDE CIT	Y LIMITS?	13. STREET ADDRESS / ZIP 4621 Clemson	CODE Rd 2074	40
FATHER'S NAME FIRST William	MIDDLE Hams	ing	15 MOTHER'S	maiden nan abeth	WE		Tes
160. WAS DECEASED EVER IN U.S. A (yes, no or unknown) (if yes g	IVE WAR OR DATES)	01 <b>–</b> 8808	John R		anegger same a	s #13	
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per la	1 1 1	Hores )	Distres	4 Syndroine	88	APPROXI TWEEN C
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last		NSEQUENCE OF	Know	И			
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED T	O THE TERM	INAL DISEASE OF CONDITIO	N GIVEN IN PA	ART 110

MIDDLE

T

Yell tailme 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO

216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED

21e PLACE OF INJURY

AT HOME STREET, FACTORY OFFICE, FARM ETC )

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION COUNTY

CITY OR TOWN

220.1 certify that (1) (this bospital) attended the deceased fram and that in (my) (por) apinian death occurred on the date and hour and from the causes stated sow the deceased alive on abave, (I) (ye) (did (did nat) view the body after death.

DEGREE

STREET

ATTENDING

MEDICAL STAFF DIRECTOR | PHYSICIAN | 22c DATE SIGNED

STATE

23a. BURIAL, CREMATION, REMOVAL 236 DATE 12/1/87 Burial

23c NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery

23d LOCATION Laurel Prince George Md

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

- STATE

DECLASED NAME

Toomatta

4400 PowdersMill Rd Beltsville Md 20705 Borgwardt

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

	5	STATE	OF MAI	RYLAND	
EP	ARTMENT	OF HE	ALTH A	ND MENTAL	HYGIENE
	CEI	DTIEL	CATE	NE DEATH	

	CERTIFICATE OF DEATH	GIENE	REG	, NO.	C.J	G	Æ,	Cod	
	LAST	2a DA	E OF DEATH	MONTH	DAY	YEAR		h HOU	
•	Latham	N	OV	13 1	98	7	-	5.0	09
	5. DATE OF BIRTH	6 AGE	(IN YEARS LAU	BIRTHDAY)	IF U	NDER I YEA	R I	FUNDER	24 HRS
	MONTH DAY YEAR	02			MON	THS DAY	5 1	HOURS	MIN.

0	7203	9	Vnīv	FOR STATE RECONSTRAIN		DEPARTA		ALTH AND I	MENTAL HYG DEATH		REG. NO.	J J	1 6
		~ I		EASED NAME FIRST	MI	DDLE	LAS	i		2a DATE OF D	EATH MONTH	DAY YEAR	2b HOUR
þe	death		(TYPE	Lucy		E.	Latha	m		NOV	13	1987	5.00 9
OE	od -		. SEX		4 RACE		5. DATE OF			6 AGE (IN YEAR	S LAU BIRTHDAY)	MONTHS DAYS	
0e 4	ector urs of		F	emale	Cauc.		10	16	1895	92	YI	RS MONTHS DAY	HOURS MIN.
Page	9 8 6	14		THPLACE (STATE OR FOREIGN	75. CITIZEN OF W	HAT COUNTRY?	8 AAA DRIED	☐ NEVER A	AAPPIED [	9 BALTIMORE	CITY OR COU	INTY OF DEATH	
eath	nerol na 72		V	irginia	USA		WIDOWED		VORCED [	Prince	George	2	ME
s ofter o	by the fu	11		YOR TOWN OF DEATH inton	11. NAME OF HO (IF NOT IN SUCH Souther:	OSPITAL, NURSIN FACHITY, GIVE STREET N Maryla	nd Hos	other inst	Center	Housew	CUPATION THE TOF WORKH	NG LIFE) 126. KIND INDUSTR	OF BUSINESS OR
24 haur	114	7	3a. S	L RESIDENCE (IF NURSING HOME OF	NTY II	ive residence before 3a. CITY OR TOW Vashingto	N D d	3d INSIDE C YES 🔯	ITY LIMITS?	13e. STREET AD 452 L		t. S.E.	1999
ed within	and 2 of	0/	4.FA	THER'S NAME Robert	MIDDLE P.	Vermille			MAIDEN NAM Finst Gertrud		AIDDLE	Euba	ast L <b>nk</b>
e execut	Page:	3		AS DECEASED EVER IN U.S. A ES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATEST	66. SOCIAL SECU		Vallac		wman 3	ADDRESS Tempe W	lick Rd.	N.J. Mendham,
tificate	physicio in papers emaval.			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per li ED BY: ATE CAUSE (o)	ine for (o), (b), on	dico.	ORTE	31			APPRO BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
death ce	he aftending emave corbo mation, ar ri			Conditions, if ony, which gove rise to immediate	DUE TO, OR	AS A CONSEQUE	NCE OF	rejopal	They a	ith Con	gestice H	wet Foulm	2400.
thot the	d by the case en of, crem			couse (a), stating the underlying couse last.	DUE TO, OR	AS A CONSEQUE	NCE OF	ced	AYE	۸			QU/n
equires	in signer Then plant to buri		NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS COM	NTRIBUTING TO I	DEATH BUT N	OT RELATED	TO THE TERM	IN AL DISEASE C	R CONDITION	GIVEN IN PART	l(a
helow	has bee t permit iene prio	4	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFO	RMED	YES   N		F YES, WERE FIND ERTIFYING CAUSI YES []	
PHYSICIAN: 1	ottending physicio ter this certificate Is the burial-transit ond Mentol Hygie	9		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE		MONTH D		21c. HOW IN	JURY OCCURR	ED (ENTER NATUR	e Of Injury in Itea	w 18 PART 1 OR PART 2	
	er this c s the bur ond Me	/	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE O (AT HOME STREE	F INJURY ET, FACTORY, OFFICE, F		211 LOCATION STREET		(	ITY OR TOWN	COUNTY	STATE
ATTENDING	TOR: Aft far use of Meolth 21 is mar			22a. I certify that (I) (this has sow the deceased alive a above, (I)-(we) (did).(did n	11-12-8	7 19_		that in (my)	, 19 <u>73</u>	to		19 <u>87</u> I hour and from th	, that (I) (we) los
080	the has AL DIREC detached ote Dept. IT: If them			22b. SIGNATURE	of let	vec.	DI	EGREE M.S.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	1/	13-87
HOSPITA	FUNERA ould be de th the Stol	$\Box$		226 PHYSICIAN'S NAME (TYPE				22e ADDRES					
OHO	TO FUN shauld b with the			Mark H. Pill	lor, M.D.			6188	Oxon H	ill Rd.	Oxon H	ill, Md.	
0	0 - 5 3 3					I on .	LAME OF CE	METERN OR	CDELLATORN	TOOL LOCATI	ONL		

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

George P. Kalas

11/16/87

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

236 LOCATION
Suitland

P.G.

Md.

24 FUNERAL DIRECTOR

6160 Oxon Hill Rd. Funeral Home Oxon Hill, Md.

D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

Home

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

. 27 DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNA

TEF-SET FIRE DATE

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO 20 DATE KNOWN ornard emaire DEATH MATED IF UNDER 1 YR. IE UNDER 24 HRS DATE PRONOUNCED 22 68 DEAD A RIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. Prince George's DIVORCED Mass. O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Warrant Officer USAF Ret. Clinton 136. INSIDE CITY LIMITS? 136. STREET ADDRESS VES NOXX 6720 Crafton Land COUNTY 20735 P. G. Clinton Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Rivet Beatrice Roland Lemaire 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT EXECUTE THE CEPTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM, 18 GIVE BY PAGE 4 SHOULD BE COWNARDED TO THE CHIEF MEDICAL EXAMINER ALONG THE FOR INTEMPLY DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT, PERMIT PAGES AFTER DEATH, WITH HESTARD ESPARIMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BACTINGORE, MARTIAL HYGIENE, DIVISION BACTINGORE, MARTIAL HYGIENE, DIVISION Mary Lemaire Same as 13 A-E 1949-1968 031-05-1678 Yes CAUSE OF DEATH (Enter only one couse per APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the under-PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY 21a EXTERNAL CAUSE WAS OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED AT WORK NOT WHILE STREET FACTORY, FARM, ETC.) 220. I certify that I took charge of the remains described above, held an death resulted fram Notural causes Accident ITLE (SPECIFY) Deputy MEDICAL EXAMINER Rodriguez, M.D. ADDRES 5009 Rayburn Ct , Temple Hills, MD

73c. NAME OF CEMETERY OR CREMATORY

Arlington National Cem.

Arlington Arlington Val.

1250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

230 BURIAL, CREMATION, REMOVAL 236. DATE

12/09/87

Old Alexander Ferry Rd Clinton, Md 20735

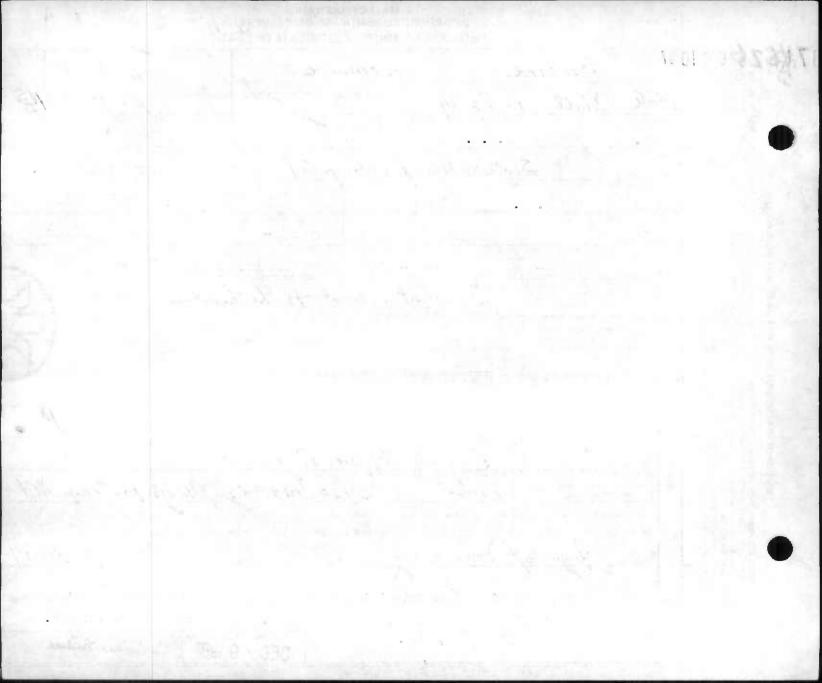
Lee Funeral Home, Inc.

Burial

07/84

BP

**DHMH - 17** 



TO FUNERAL DIRECTOR. After this certificate has bee should be detached for use as the Burial-transit permit with the State Dept., of Health and Americal Hygiene prio WAPQRIANT. If them 21 is marked or them 18 shows ony

DHMH 16 60M 7

### FOR STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

						KEG. IN	O.		
	CE ASED NAME FIRST	WIDDLE	L	AST	20	DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	RANDY	MICHAEL	LEO	NARD		November	11,	1987	12:40
3 SEX		RACE	5. DATE C	DAY YEAR	6.	AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATS	HOURS MIN.
	ale	Caucasian	Feb	. 9, 1952		35	YRS		
	CUNTRY	CITIZEN OF WHAT COUNTRY	MARRIE	D NEVER MARRIED	X	BALTIMORE CITY C			
	ashington D.C.	U.S.A.	WIDOWE			Prince Geo			JW
	yattsville	11. NAME OF HOSPITAL, NURS!  (IF NOT IN SUCH FACILITY, GIVE STREE  3804 Nicholson	T ADDRESS)			SUPERVIS Graphic A			CANSSO EL/ADM
Illn S	AL RESIDENCE (IF NURSING THE STATE TO S	THER INSTITUTION GIVE RESIDENCE BEFOR TY 13c. CITY OR TOV Wash.		13d INSIDE CITY LIMIT YES X NO	2	STREET ADDRESS			39999
	dward J.	Leonard		Jessie		MIDDLE C.		Vaugh	
		MED FORCES? 16b SOCIAL SEC WAR OR DATES) 216-64-		Mrs. Jessi				t, Hyat d. 20782	
		y one couse per line for (0), (b), or DBY: CAUSE (0) Cardiores	pirato	ry Arrest				APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
TION		ONDITIONS CONTRIBUTING TO	DEATH BUT	ne Deficien	TERMINA	al disease or con			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES NO X	IN CERTI	S, WERE FINDIN IFYING CAUSES ES	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFRICE.	19	211 LOCATION	CCURRED	(ENTER NATURE OF INJU		PART I OR PART 2)	STATE
×	AT WORK NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OFFICE	FARM, EIC J	STREET					
	220.1 certify that (1) (this hospite saw the deceased alive on above, (1) (we) (did) (did not	<b>11-10-</b> 19	Marc 87_, or	h 19 nd that in (my) (our) api	86	to	ote and ho		that (1) (we) lost couses stated
	27b. SIGNATURE LMB	runi MD				OYCE RIN MEDICAL STA DIRECTOR PHYSIC		22c. DATE	
	22d PHYSICIAN'S NAME (TYPE OR Larry M. Brut			27e ADDRESS	. N	N C	to 60	2003 3 Wash	
23a P	BURIAL CREMATION REMOVAL		NAME OF C	EMETERY OR CREMATO		1.W., Sui	re_00.	J, Wash	
-1	(SPECIFY) remation					CITY OR TOWN	nduis	COUNTY	STATE
	INERAL DIRECTOR RANCIS GASCH 739 Baltimore Av	'S SONS FUNEI	RAL H	litan Crema OME, P.A. yland		Alexa EC'D. BY REGISTRAR 17 1987		TRAR'S SIGNAT	TURE

72265 15/1007

METUNY WD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

3

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REGIS			CERTIF	ICATE OF DEATH	REG. NO.	
I DESEASED		MIDDLE	1 L	AST	20 DATE OF DEATH MON	
FITTE OK PRINT	JAM	ES C.	1	ESTER	11	-10-87 94
3. SEX		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	) IF UNDER 1 YEAR IF UNDER
M	ale	Caucasian	RES. NO.  LESTER    126 DATE OF BRITH   DAY   VEAR   AUG. 18, 1910   Prince George S Composition   Never Married   Never Marri	MONTHS DATS HOURS		
70 BIRTHPLA	CE (STATE OR FOREIGN	ARACE CAUCASIAN S. DATE OF BIRTH MONTH D. AGE (INVEASIASI BRIDAY)  AUG. 18, 1910  MARRIED NEVER MARR				
Arkan			MARRIE		_	
	OWN OF DEATH					126 KIND OF BUSINE
		(IF NOT IN SUCH FACILITY, GIV	E STREET ADDRESS)	Nursing	(TYPE OF WORK FOR MOST OF WOI	RKING LIFE) INDUSTRY
Laur				ville Home	A.C. Installe	er Automotive
130. STATE	13b. COL	JNTY 13c. CITY O		130 INSIDE CITY LIMITS?	A	
Maryl		deorge's Bowi	e		-/-/	Lane 20715 -
4. FATHER'S	FIRST	MIDDLE 1A	AST			IAST
	arles		ce	Ada		Henshaw
	EASED EVER IN U.S. A		L SECURITY NO.	17 INFORMANT	8509 S	nurch Lane
N			18-4798	Brenda Sue		
18. CA1	JSE OF DEATH (Enter of	only ane couse per line for take	(b) and (c).)		100	APPROXIMATE INTER
NO.	Cerebration TE OF OPERATION	ovascular	v occ	hieroe d	1200 AUTOPSY? 200	ON GIVEN IN PART I 10  IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH
210 40	CIDENT WAS UNDERLYING	216 TIME OF INITIRY		121, HOW IN HIRY OCC	YES NO NO	YES NO
	ITRIBUTING CAUSE OF D	LIGHTS 4 44 MONTE	TH DAY YEAR	ZIETIOW WOOKT OCC	DULED (ENIER NATURE OF INJURY IN )	IEM 18 PART I ORPART 2)
	HER NOTIFY MEDICAL EXAMIN		19	211 10CATION		
<u> </u>		(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OF TOWN	COUNTY 51
WHILE AT WOR	AT WORK		- 71	/4	11/10	0-
	,	20 / /4	100	ad that is (my) (our) opinio	on death accurred on the date of	, 19, that (1)(w
	ave, (1)(we) (did) (did r	nat) view the bady after death.			an acam accorred an me date a	
1	Gregory	a Neurli	n Wi	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
22d PH	YSICIAN'S NAME TYPE	OR PRINT)	1440	22e ADDRESS	1 1	0.110.
9	REGON	A - COMPA	DN MI)	18317 Chei	ry Lane Laur	er MUL070
	CREMATION, REMOVA	1 123h DATE	23c. NAME OF C	EMETERY OR CREMATOR	V 123d LOCATION	
(SPECIFY)		L 230. DAIL			CITY OF TOUR	
	urial		Nationa	l Memorial P	CITY OR TOWN	h. Vir
24 FUNERAL	DIRECTOR	NOV 14,1987			k. Falls Churc	h, Vir
NAA	DIRECTOR	NOV 14,1987 1600	O Annapo	lis Road 250 D	K. Falls Churc	h, Vir

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy should be detached for use as the buriol-transit permit. Then please remove carbonpon with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar remov

OR ATTENDING PHYSICIAN: The

ottending physicion

retained by the hospital or

BP.

TO HOSPITAL

FOR - STATE

1172 The Mark of the Contract of th align rest at the street at th AND THE RESERVE OF THE PROPERTY OF THE PROPERT

injury, ar other troumotic event,

IMPORTANT: If Item 21 is marked or Item 18 shows any

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1 -	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG	REG. NO	o.
	EASED NAME FIRST	MIDDLE	(	AST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
(TAPE	Grace Grace	N.	Ling	rell	1	11-27-87 9:37 Am
3. SEX	-	4 RACE	S. DATE C		6 AGE (IN YEARS LAST BIRT	
	Female	White	770	-06-07 YEAR	80	MONTHS DATE HOURS MIN.
7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
	Missouri	USA	WIDOWE	D DIVORCED	PRINCE C	EDRGES MO
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF OF WORK FOR MOST O	
1	ANREZ	all warrange	AL CO	BELTSUILLE	printer's	
	AL RESIDENCE (IF NURSING HOME C		ICE BEFORE ADMISSION)	/accisined	DI INTOCI D	
130. 5	100 000			138. INSIDE CITY LIMITS?	13e.STREET ADDRESS	
m		ce Georgesell.	SVILLE	YES NO X	12000 60	NPOWDER RD
14 FA	THER'S NAME FIRST	MIDDLE	AST	15 MOTHER'S MAIDEN NAM	WE	LAST
10	Ocea		Newell	Myrtle	May	Norman
	AS DECEASED EVER IN U.S. A		AL SECURITY NO.	17 INFORMANT	ADDRE	SS
0	ES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES) 214-	40-5/41	Alton L. Ling	rell 12000	Gunpowder Rd. 20705
TIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  LAR 190 DATE OF OPERATION	DUE TO, OR AS A COL  (b) MET  DUE TO, OR AS A COL  (c) MAL  CONDITIONS CONTRIBUTION	PIRATO  NSEQUENCE OF  SEQUENCE OF  WASTO DEATH BUT  HATIC	MASS.	DISEASE OMA	
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINI 220 I certify that (1) (this hasp saw the deceased alive o above, (1) (we) (eff) (did n 27b. SIGNATURE	HOUR A.M. MON P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE, FARM. ETC.]  I from 19 7 , or	211 LOCATION STREET  19 Ind that in (my) (our) apinion of DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	CITY OR TO	WN COUNTY STATE  That (I) (we) lost stee and hour and from the couses stated 22c. DATE SIGNED
23o B	URIAL, CREMATION, REMOVA	L 236 DATE	236 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	
(	Burial	11/30/87	Bethesda	a U. M. Church	Cemetery I	Damascus Montg. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

4400 Powder Mill Rd. Beltsville Md 20705 Borgwardt

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE -12 RTREGISTRAR CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) HACHIE OCKE IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 1 SEX YEAR MONTH 1962 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH a. BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY JEOK GES DIVORCED [ 050 WIDOWED W 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12k KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LINTON DOUTHERN MARYLAND 2120 USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136 COUNTY 136 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN NO 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE FIRST MIDDLE 20 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 578-12-8520 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY CAMBIO PULMONAU IMMEDIATE CAUSE to HEART FAILURE Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF ANTENIOSCIENOSCI cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 RECORDS 20h. IF YES, WERE FINDINGS USED 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NOM OF VITAL 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 22a.1 certify that (this haspital) attended the deceased from 87 saw the deceased alive an\_ and that in (my) (aur) opinian death accurred on the date and have and from the causes stated abave, (1) (da) (did not) view the body after death 220 DATE SIGNED DEGREE 77h SIGNAL STAFF MO ATTENDING MEDICAL FUNERAL I DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS CIAN'S NAME (TYPE OF PRINT) m. 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 250 DATE REC'D. BY REGISTRAR 258 REGISTRAR' SHOW 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Wolal Goodhers Kd SE (VRA 15, 4) un

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO JELLASED NAME 20 DATE KNOWN 4 3 2 2 10 DEC -8 87 RPRINT) OF ESTI-Grady Allen Lumpkin 87 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 7d HOUR DATE LAST BIRTHDAY) 52 11 35 30 Male Black DEAD 23/19 87 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OF COUNTY OF DEATH FOREIGN COUNTRY South Carolina U.S.A. Prince George's County, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY 12051 Indian Creek St. Painter Beltsville Pvt. USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONS 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS PG Beltsville 11370 Evans MD 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Louis Lumpkin Lee Tillman 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578443564 Kathleen Wilson/11370 Evans Trail NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound of Head IMMEDIATE CAUSE (a)-DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 3 SHOULD BE USED AS A BURIAL DEPARIMENT OF HEALTH AND M PRIER TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS PIDE TIME OF INJURS timated 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 11/21/ 1987 self inflicted wound 21e PLACE OF INJURY (ATHOME 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC 1 WHILE AT WORK Indian Creek St., Beltsville, Pr.Geo.Md in auto at PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 2 Autapsy X Inspection L 22a. I certify that I took charge of the remains described above, held an and in my apinion Homicide \_\_\_ Undetermined manner death resulted from Natural causes Audident TITLE (SPECIFY) MASSISTANT MEDICAL EXAMINER 11/23/87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236, DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION

07/84

**DHMH - 17** (VR A15 ME (5)) Burial

24 FUNERAL DIRECTOR

12/5/87

J.B. Jenkins/7474 LANDOVER RD

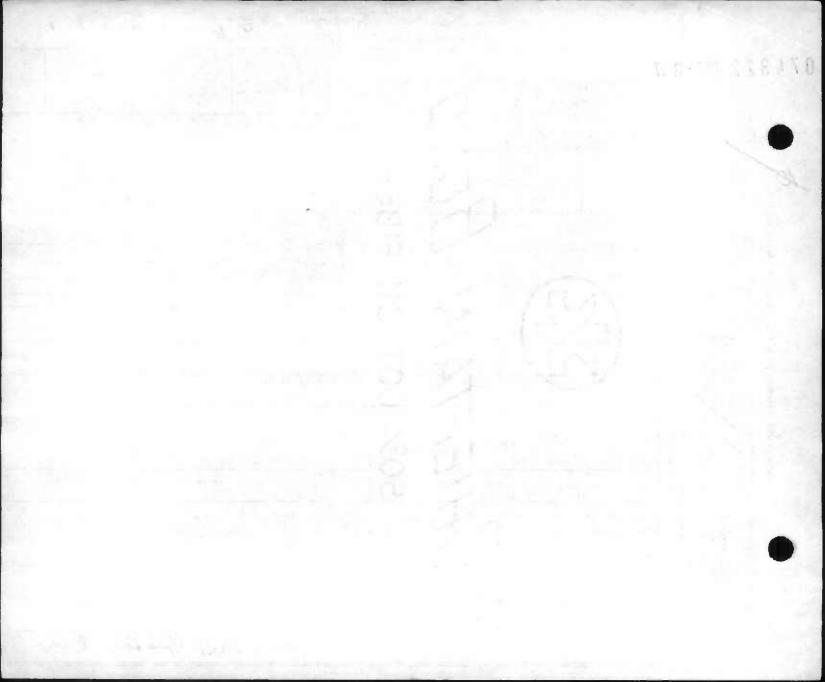
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STATE Md

DEU 0 7 1087 Gulla Deriden Kandasa



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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	FOR 1 - STATE 67 REGISTRAR	DEPARTM		HEALTH AND MENTAL HYG	IENE 8 /	ر ر. اه	3 3	å 0
4	1. DECEASED NAME FIRST	WIDDLE	1	LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	DORD	THY	LI	ITHOLTZ	11. 23.87	,		4.12 AM
	3. SEX	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
	Female	Caucasian	4/	26/24 YEAR	63	YRS	INTHS DAYS	HOURS MIN.
J	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH	
4	Maryland	USA	WIDOWI		Prince (	Seora	es Con	ntu MD
L	18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		OR OTHER INSTITUTION	126 USUAL OCCUPAT	ION OF WORKING LIFE)	12b KIND OF	F BUSINESS OR
	Laurel	Greater Laurel Be	tsuil	le Hospital	Film Pro	cessor	Ret	cail
7	Maryland Pri	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130. CITY OR TOWN INCE George Lau	V	13d INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS 8735 Co		Rd 207	708
1	14. FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAST	
4	Harry	Scott		Clara	MIDDIE		Bat	
1	160 WAS DECEASED EVER IN U.S. A. 1985 NO OR UNKNOWN) (IF YES. C.	RMED FORCES? 166 SOCIAL SECURIVE WAR OR DATES) 2/2-20-		"Robert Lut 8735 Conte	tholtz ADDR		207	708
		nly ane cause per line far (o), (b), and ED BY: ITE CAUSE (a)	1(0).)	ARDIOGEN				MATE INTERVAL DNSET AND DEATH
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	-	MYOCARD ASHD	NAL INF	ARCTION		
	PART 2 OTHER SIGNIFICANT	REMIC CAR!		NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN	IN PART Ita	- >
	190. DATE OF OPERATION  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING NG CAUSES (	
		HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE CA	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	saw the deceased alive a	oital) attended the deceased fram  1 2 3 1 19 5  at View the body atter death.	<u>,                                    </u>	nd that in (my) (aur) apinian d	eath accurred an the d			hat (I) (we) last auses stated
	226. SIGNATURE	ente		DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	226 DATE S	IGNED
	228. PHYSICIAN'S NAME ITYPE	PADRI		4700 BERW	IN HOUSE	FRD, C	sollage	PK
	238 BURIAL, CREMATION, REMOVAL		AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	Burial	11/25/87 St	: Lul	kes Cemetery	Redland	d Mon+	domer	w MD
	7601 Bandy	al Home Income		25c. DATE	REC'D. BY REGISTRAR	25b. REGISTRA	RSSIGNATU	JRE
	7601 Bandy	Spring Rd Lau:	rel	MD 2070 NOV	9.7.1007	5.	4 70	

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the hospital or ottending physician.

TO HOSPITAL OR

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician is should be detached for use as the burial-transit permit. Then please remove carbanoopers. Rewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MAPORTANT: If Item 21 is marked or hem 18 shows ony injury, ar other traumotic event, the mineral process.

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	FOR
-	STATE
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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH

LAST

L HYG	IENE	8	REG. N	10.	J	3	3	d	1.
	20. D.	ATE OF	DEATH	MONTH		YAC	YEAR	26 HOL	
	N	ove	mber	10,	19	987		3:15	P
	6 AG	E (INY	EARS LAST B	RTHDAY)			RIYEAR	IF UNDER	
AR	86			Y	RS	MONTHS	DAYS	HOURS	MIN.
р	9 BA	LTIMO	RE CITY	<u>OR</u> COL	JNTY	OF DE	ATH		
D 🗌			Prin	ce G	eo	rge	6		MD.
N			OCCUPAT			12b.	KINDO	FBUSIN	ESS OR
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ede.	2.	C1:	arksy			Maı	yla	nd 2	1029
8						2	APPROXI	MATE INTER	DEATH
1	7.		/		•		0	/	

	CEASED NAME	FIRST		AIDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
(117		mes	Josep	oh	MacD	onald		November	10,	1987	3:15	P
3. SE	Х		4 RACE		5. DATE C			6 AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS		
40	M	ale	Caucasi	Lan	May	19, Î901	YEAR	86	YR		HOURS	MIN.
	IRTHPLACE (STATE OR)	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.			9 BALTIMORE CIT				
	ashington,	D.C.	USA		MARRIE	D NEVER MARK		Pri	ice Ge	orges		MD.
10. C	ITY OR TOWN OF DEA	ATH			G HOME C	OR OTHER INSTITUT		12a USUAL OCCUP		12b. KIND	OF BUSINESS	OR
-	delphi					Nursing H	lome	Foreman	ST OF WORKING	GAS L	Washin ight C	Ŏ.
13a.	AL RESIDENCE (IF NURS	13b COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW	ADMISSION)	13d. INSIDE CITY LI	IMITS?	13e.STREET ADDRES	S / ZIP CC	DDF	2090	4
Ma	ryland	Mont	gomery	Silver S				11395 010			ke #B-	12
H.E.	ATHER'S NAME					15. MOTHER'S MA	IDEN NAM					_
D	James	Thomas	NIDDLE N	facDonald		Cather	ine	A.		Nyla	nd	
	WAS DECEASED EVER			16b. SOCIAL SECU	IRITY NO.	17 INFORMANT	Dausi	ADI	DRESS 29	30 Kent		rive
N	O OR UNKNOWN)	(IF YES, GIVI	WAR OR DATES)	579-32-4	228	Suzanne W	-			, Maryla		
-	18 CAUSE OF DEAT	H /Enter en							,,,,,,,,,		XIMATE INTERVA	
	PART I. DEATH W	/AS CAUSE	D BY:	leshua	Jory	arre	1			um-	Med	
	Conditions, if ony, gove rise to improve (a), stating underlying cause	mediote ng the	(b) C	R AS A CONSEQUE	vaso	culas	Or	brombe	qu	2u	reel.	7_
CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO T		NAL DISEASE OR CO	20b. IF	GIVEN IN PART 1 YES, WERE FIND RTIFYING CAUSE	INGS USED	
I E								YES NO		YES	NO 🗌	
	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA		M. MONTH DA	AY YEAR	21c HOW INJURY	OCCURRE	ED (ENTER NATURE OF I	NJURY IN ITEM	18 PART I OR PART 2)		
MEDICAL	21d INJURY OCCUR	RED	21e PLACE			211 LOCATION		CITY OF	RTOWN	COUNTY	STAT	
E	WHILE NOT WH	RK	( AT HOME, STR	EET_FACTORY, OFFICE, F	ARM, ETC )	SIREEI		CITO	/	COUNTY	3181	
	22a. F certify that (I) sow the decease above, (I) (see) (c	ed alive an	ottended the	100V 19 5	77 , on		86 opinion d	eath occurred art the	dote and h			) lost
	22h SIGNATURE	W.	79	9/1	mi	ATTEN PHYS	DING	MEDICAL S DIRECTOR PHY	TAFF SICIAN [	10 A	SIGNED 8	2
	WALTER	E- 6	5002H	MD		2309 SHOW	EFIL	sip en	WHE	ATON	HD DO	902
23 o	BURIAL, CREMATION, BUTTIAL	REMOVAL	23b. DATE	23( 1	VAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION		COUNTY	STAT	Ε
			Nov.13,			Heaven C	emete	ery Silver	Spri	ng Mont	gomery	Md.
24 F	UNERAL DIRECTOR	Franc	is J. Co				250 RATE	REC'A BORE 198	AR 256. REG	JST LAD S CHETTA	TAKE	
50	0 Universi	ty Blv	vd.,W.	Silver S	pring	,Md.20901	140	8 A F 12 F	Ø.	4.0	,	

TO FUNERAL DIRECTOR: should be detoched for unwith the Stote Dept. of He IMPORTANT: If them 21 is BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

mpletely filled in by the filteral director p and 2 should be filed within 72 hours after

Then please

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

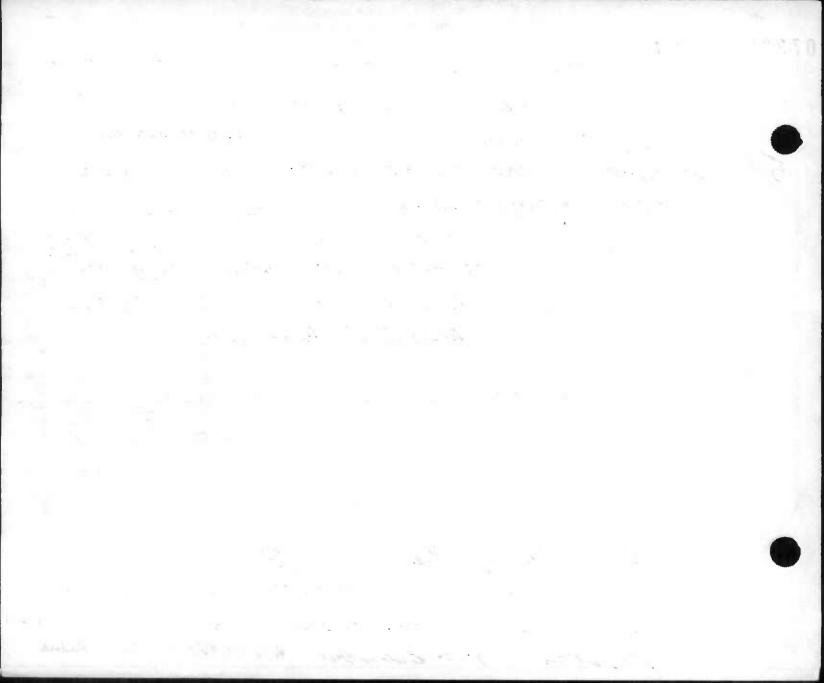
3

	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HY	GIENES	REG. NO.			
I_DEC	CEASED NAME FREE CORPRINT) ETT.		MIDDLE V.		RSHALL	2a DATE OF D		22	87 2	36Pl
3 SEX	X	4 RACE		5 DATE O	F BIRTH	6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER		UNDER 24 HR
	Female	Black		10	22 1919	68	YR	MONTHS	DATS H	DURS MI
(	IRTHPLACE (STATE OR FOREIC COUNTRY)	V.S.A	F WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED	/	CITY OR COU	NTY OF DEA		
10. CI	CHEVERLY			NG HOME O	ROTHER INSTITUTION TAL CENTER	126 USUALOC TYPE OF WORK EC DOMESTI	R MOST OF WORKIN	IG LIFE) 125 K	IND OF BUSTRY Vate	USINESS
3a. S	AL RESIDENCE (IF NURSING H STATE Aryland P	ome or other institution County Georges	DN. GIVE RESIDENCE BEFOR 13c. CITY OR TOW Heigh		13d INSIDE CITY LIMITS? YES NO		DRESS / ZIP CO		Ш	
Þ	ATHER'S NAME FIRST	WIDDLE	Smith		Etta FIRST	AME	AIDDLE		Heb:	
16a V	WAS DECEASED EVER IN U	S. ARMED FORCES (ES, GIVE WAR OR DATES)			Joseph W. M	arshall	Cap.	315 R. Heigh		
V I	Canditions, if any, whi		fithers	sclar	otic hear	desse	208			
IFICATION	gove rise to immedia cause (a), stating to underlying cause la	ANT CONDITIONS	or as a consequ	DEATH BUT	NOT RELATED TO THE TERM  WITH A CLIN  WAS PERFORMED	200 AUTOPS	7? 20b. IF	YES, WERE	FINDINGS AUSES OF	DEATH?
CAL CERTIFICATION	gove rise to immedia cause (a), stating inderlying cause la underlying cause la PART 2 OTHER SIGNIFIC  19a DATE OF OPERATION  11a, ACCIDENT WAS UNDERLYIOR CONTRIBUTING CAUSE	ANT CONDITIONS  19b CON  NG 12b TIM  OF DEATH HOUR	OR AS A CONSEQUE  CONTRIBUTING TO  OF INJURY  A.M. MONTH D	DEATH BUT IN THE PERSON OF THE	· withau	200 AUTOPS YES   N	7? 20b. IF	YES, WERE RTIFYING CA	FINDINGS AUSES OF	
MEDICAL CERTIFICATION	gove rise to immedia cause (a), stating in underlying cause la PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 11a. ACCIDENT WAS UNDERLYING.	ANT CONDITIONS  19b CON  19b CON  19b CON  19b CON  21b TIMB  HOUR  AMINER)  21e PLACE  ALL HOUSE	OR AS A CONSEQUE  CONTRIBUTING TO  OF PROPERTY  OF INJURY	DEATH BUT IN THE PERSON OF THE	was performed	200 AUTOPS YES NATURED (ENTER NATURE	7? 20b. IF	YES, WERE RTIFYING CA	FINDINGS AUSES OF P ART 2)	DEATH?
	gove rise to immedia cause (a), stating underlying cause la underlying cause la part 2 OTHER SIGNIFIC  9a DATE OF OPERATION  11a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d INJURY OCCURRED	ANT CONDITIONS  19b CON  NG   21b TIM HOUR  AMINER)  21e PLAC (AT HOME	CONTRIBUTING TO  OF INJURY A.M. MONTH D P.M. E OF INJURY SIREET, FACTORY, OFFICE, the deceased from	DEATH BUT IN THE PROPERTION OF THE PART OF	210 HOW INJURY OCCUI  211 LOCATION STREET  d that in (my) (aur) apiniar DEGREE  ATTENDING	200 AUTOPS YES NATURE RRED (ENTERNATURE  10 1 death accurred of	206. IF IN CEI I	YES, WERE RTIFYING CAYES TO THE PART FOR P	FINDINGS AUSES OF P ART 2)	STATE  STATE  (I) (we)
MEDICAL	gove rise to immedia cause (a), stating underlying cause la underlying cause la part 2 OTHER SIGNIFIC  9a DATE OF OPERATION  1a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX LIFE	ANT CONDITIONS  ANT CONDITIONS  19b CON  19b CON  19b CON  AMINER  21b TIME  (AT HOME  haspital) attended  ive an  itype or print)  Y, M. D.	OR AS A CONSEQUE  CONTRIBUTING TO  A S P S S S S S S S S S S S S S S S S S	DEATH BUT IN THE PERSON OF THE	WAS PERFORMED  21c HOW INJURY OCCUI  211 LOCATION STREET  , 19 d that in (my) (our) apinion DEGREE	200 AUTOPS  YES   M  RRED (ENTER NATUR  death accurred of DIRECTOR	20b. IF IN CEI	YES, WERE RTIFYING CYES TO THE PART LORP  COU	FINDINGS AUSES OF ART 2)	STATE  t (b) (we)

DHMH - 16 60M 7/8 (VRA 15, 4)

thould be detected for use as the burial transit permit. The with the State Dept. of Health and Mental Hygiene prior to to runeral director, After the certificate has been

ATTENDING PHYSICIAN, The



07/84 **DHMH - 17** (VR A15 ME (5)) Burial

24 FUNERAL DIRECTOR

Harmony

Memorial Park Landover, Maryland

Benning Road Stewart unera

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

EASED NAME FIRST DR PRINT) LOIS	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
LOIS					20. 1100K
	WOOD	MARSHAI	LL	NOV	07 1987 3:1
	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
emale	Caucasian	Sep	t 17,1924	63 <sub>YF</sub>	
THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
ew York	United States			Prince George	e's County,
	11. NAME OF HOSPITAL, NUE (IF NOT IN SUCH FACILITY, GIVEST MALCOM Grow Ho	RSING HOME C TREET ADDRESS) OSPITAL	OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Teacher	12b. KIND OF BUSINES INDUSTRY Public Sc.
TATE 1125 C	DUNTY 113 CITY OF T	OWN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP C 2/01 Lyn Ple	ODE /20715
FIRST	MIDDLE LAST WOOD	đ	15. MOTHER'S MAIDEN NA/ Edna	ME	Decker
			17. INFORMANT Judy Coleman	3811 Abdingdon, Arlington, V	on St. VA 22207
18 CAUSE OF DEATH (Enter PART ), DEATH WAS CA	LICED BY				APPROXIMATE INTERV BETWEEN ONSET AND D
underlying couse lost	(c) CHRONI	C ALCOH	***		GIVEN IN PART I I O
19a. DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED		FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES \( \text{\text{NOX}}\)
OR CONTRIBUTING CAUSE O	FDEATH HOUR A.M. MONTH		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)
21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION STREET	CITY OR TOWN	COUNTY \$1
saw the deceased alive	on 07 NOV	om <u>17 0</u> 19 87 , or	CT 19 87 nd that in (KK)(our) apinion	, toO7_NOV_ death accurred on the date and	hour and from the causes stat
22b. Salvarune	11 1/0	mp	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED  07 NOV 8
	DLAR, CAPT, USAF				., 20331-5300
urial, cremation, remo SPECIFY) Cremation	VAL 23b. DATE NOV.7,1987		EMETERY OR CREMATORY	234 LOCATION Dry Alexandria	TYQUNIY ST
	TATE ATYLAND 13b, CO.  THER'S NAME FIRST JUSTIN AS DECEASED EVER IN U.S. S. NOOR UNKNOWN) (IF YES OF DEATH (Enter PART I. DEATH WAS CA IMMEDIATE IN THE PART I. DEATH WAS LOSSED (IF EITHER, NOTIFY MEDICAL EXAMILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK (IN THE PART IN THE PART	TORTOWN OF DEATH  MID Springs  I. NAME OF HOSPITAL, NU (IENOTINISUCH FACILITY, GWES)  MALCOM Grow He  ENSTITUTE AT SIGNIFICANT CONDITIONS, GIVE RESIDENCE  I. RESIDENCE (IF NURSING HOME OTHER INSTITUTION, GIVE RESIDENCE  I. RESIDENCE (IF NURSING HOME OTHER INSTITUTION, GIVE RESIDENCE  I. RESIDENCE (IF NURSING HOME OTHER INSTITUTION, GIVE RESIDENCE  I. RESIDENCE (IF NURSING HOME OTHER INSTITUTION, GIVE RESIDENCE  I. RESIDENCE (IF NURSING HOME OTHER INSTITUTION, GIVE RESIDENCE  I. RESIDENCE (IF NURSING HOME OTHER INSTITUTION, GIVE RESIDENCE  I. RESIDENCE (IF NURSING HOME)  I. RESIDENCE (IF NURSING INSTITUTION, GIVE RESIDENCE RESIDENCE RESIDENCE RESIDENCE RESIDENCE RESIDENCE RESIDENCE RESIDENCE RESIDENCE  I. RESIDENCE (IF NURSING ENTRY OF INSTITUTION, GIVE RESIDENCE RES	WYORK YORTOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OF CONTRIBUTING OF SPEET ADDRESS!  L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  LATE  AND DE COUNTY  Prince Geo.  13. CITY OR TOWN  BOWLE  LAST  C.  WOOD  AS DECEASED EVER IN U.S. ARMED FORCES?  (IF YES, GIVE WAR OR DATES)  PART 1. DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  Conditions, if ony, which gove rise to immediate cause (a).  Conditions, if ony, which gove rise to immediate cause (b).  CONTRIBUTING COUSE lost.  DUE TO, OR AS A CONSEQUENCE OF CHRONIC ALCOHOLOGY  (c).  CHRONIC ALCOHOLOGY  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  190. CONDITION FOR WHICH OPERATION  191. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M.  192. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  WHILE AT WORK  191. TIME OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  210. SOW the deceased olive on O.7 NOV  199. 87, on obove (M) (we) (did) (M) (M) (view the body ofter death.)  220. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  221. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  222. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  222. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  223. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  224. PHYSICIAN'S NAME (TYPE OR PRINT)  EDWARD W. KOLAR, CAPT, USAFMC	YOR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  MELCOM GROW HOSPITAL  IRESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  IATE  ITAL  ITAL	The conditions of the constraint of the conditions of the conditio

DHMH - 16 60M 7/8 (VRA 15, 4)

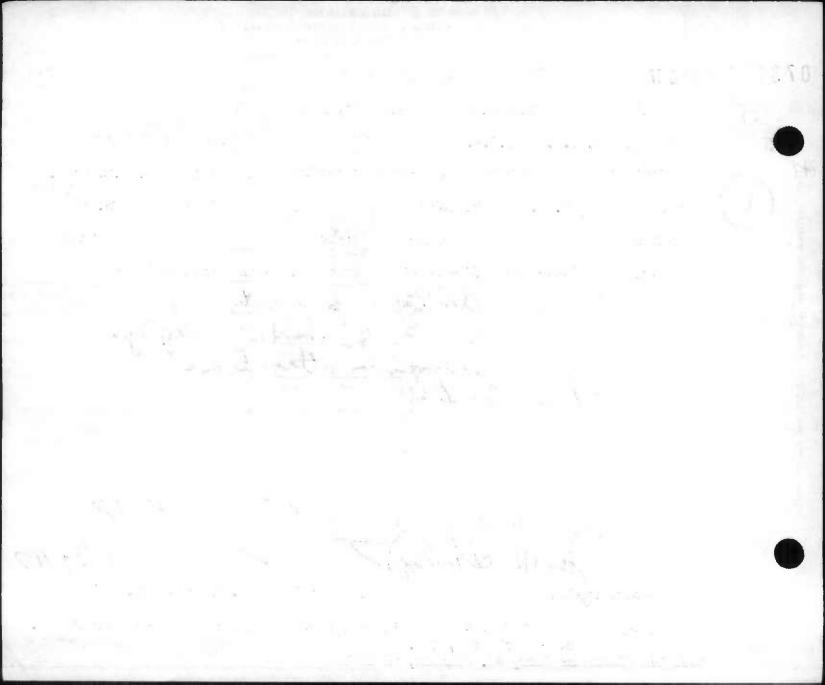
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ENGLISHED BY				Ballyri'i
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	20 35	References		

### STATE OF MARYLAND

3

	1	FOR STATE REGISTRAR	DEPART		H AND MENTAL HYG TE OF DEATH	REG. NO	0	
		CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
158 d'é DEC	1-3	87 JAME	S Willa	S Willard MARTIN			28 87	9 45PM
od o	3. SE	X	4. RACE	5. DATE OF BIR		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 mo		Male	Caucasian	April 1	4, 1910 AR	77	MONTHS DAYS	HOURS MIN.
1 di di	7a. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8		NEVER MARRIED	9 BALTIMORE CITY OR COU		
# 057 m/	W	ashington, D.C.	U.S.A.	WIDOWED	DIVORCED [	PRINCE GEORG	ES COUNTY	MD.
174	A 10. C	CHEVERLY	PRINCE GEORGES			Ita USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORK! Auto Title Der	NG LIFE) INDUSTRY	Govt.
	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULT P.	ROTHER INSTITUTION GIVE RESIDENCE BEFORE  13. CITY OR TOW  RIVERAL	/N 113d	INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	Dale Rd.	20737 #7
2 47 17		ATHER'S NAME			NOTHER'S MAIDEN NA	ME		
17/60	J	ames	Marti		licefirst	MIDDLE	Warr	nick
8 2 B		WAS DECEASED EVER IN U.S. AF		JRITY NO. 17_1	NFORMANT	ADDRESS		
a do		Yes 1944	-1946 578-38-8	661 E	ettie M. Ma	artin Same as	13 A-E	
signed by the attender hen please emper call obvirol, cremation jury, or other traumatic	NO	Conditions, if ony, which gove rise to immediate couse (o1, stating the underlying couse lost.  PART 2 OTHER SIGNED ANT	DUE TO, OR AS A CONSOUR  DUE TO, OR AS A CONSEQUE  CONDITIONS CONTERNATOR	tout	TRELATED TO THE TERM	reluose  AINAL DISEASE OR CONDITION	OFFINE IN PART 10	0
on. hos been permit. Tene prior to sws any in	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WA	AS PERFORMED		F YES, WERE FINDING CAUSES	
SICIAN: The physicic certificate riol-transit entol Hygistem 18 should be proposed to the physician properties of	7	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	ATH HOUR A.M. MONTH D R) P.M.	AY YEAR 19		RED (ENTER NATURE OF INJURY IN ITE	M 18 PART ( OR PART 2)	
the but ond Weed or I	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE I		LOCATION STREET	CITY OR TOWN	COUNTY	STATE
en or o ol or ol or oldon		220.1 certify that (1) (this hosp	ital) attended the deceased from	27			- 4	that (I) (we) lost
by the hospit by the hospit ERAL DIRECTG e detoched for Stote Dept. of ANT: If them 21		sow the decreased olive or shows (in yer) (did) (did no 7th SIGNATURE 27d PHYSICIAN'S NAVE	al Saw	000	ATTENDING	deoth occurred on the dote and  MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATI	1
FUN FUN ORT		James Harding				r Rd. Cheverly	Md. 2078	5
Of of Shapes	23a	BURIAL, CREMATION, REMOVAL			TERY OR CREMATORY	23d LOCATION		
BP		(SPECIFY) remation		ee's Cre		CITY OR TOWN	nce George	e's Md.
			uneral Home, Inc		25 DPAT	E.REC D.BY REGISTRAR 256. RE	Ce George	SHOUSE
OHMH - 16 60M 7/84 (VRA 15, 4) 66			erry Rd. Clinton		35	004 1901		



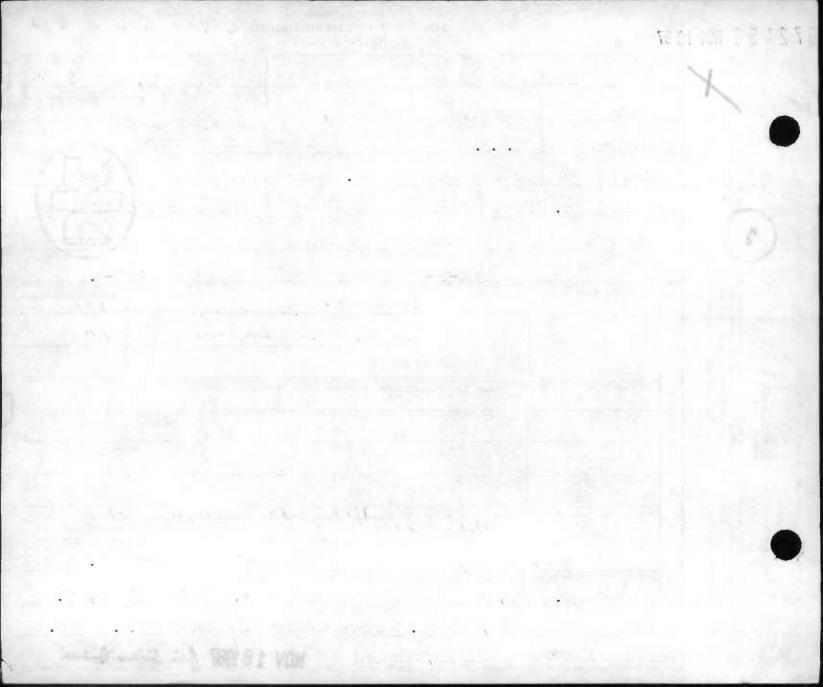
### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

וטו	STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	).		
	CEASED NAME F	IRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(1116		harles	William	Ma	artz	Novembe	r 15.	. 1987	8. PM
3. SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	
,	Male	Cauca	sian	Augu	ast 17,1931	56	YRS	MUNIHS! DAIS	HOURS MIN.
	RTHPLACE (STATE OR FORE		F WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OF	COUNT	OF DEATH	5 7 1 2
-	ennsvlvania	U.S.	Α.	WIDOWE		Prince Ge	orges	5	M
	ITY OR TOWN OF DEATH	11. NAME C		G HOME O	PROTHER INSTITUTION	12a USUAL OCCUPATIO			OF BUSINESS OF
C	Clinton				osp. Center	Technician	WORKING EI		tronic
13a. S		HOME OR OTHER INSTITUTION COUNTY	13c CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 8102 Sona			35
4 FA	THER'S NAME				15 MOTHER'S MAIDEN NA			1, 10	
1	Charles	WIDDIE	Martz		Lucina	WIDDLE		Car	
	VAS DECEASED EVER IN			RITY NO.	17 INFORMANT	ADDRES	SS		
Ye		if yes, give war or dates;	198-28-29	998	Nancy Martz	Same a	s # 1	13 a-e.	
10	18 CAUSE OF DEATH				THAT CZ	Datie a	<u> </u>		ONSET AND DEATH
	PART I DEATH WAS	CAUSED BY:	R	com	· FAILURE				1.63
	Conditions, if ony, w gove rise to immed couse (a), stoting	thich (b),	OR AS A CONSEQUE	wege	mes Graves	Longiesis		41	17
IION	gove rise to immed couse (a), stating underlying cause	thich (b), thick the last.	OR AS A CONSEQUE	ince of	NOT RELATED TO THE TERM			VEN IN PART 1	0
TIFICATION	gove rise to immed couse (a), stating underlying cause	hich (b), diote the last. (c) (c)	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		20b. IF YES	VEN IN PART 1	NGS USED
CAL CERTIFICATION	gove rise to immed couse (a), stoting underlying cause  PART 2 OTHER SIGNIF  19a DATE OF OPERATIO  21a ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	thich (b), (c), (c), (c), (c), (c), (dost. (c), (c), (dost. (dost	OR AS A CONSEQUE  CONTRIBUTING TO D  NOTION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND  200 AUTOPSY?  YES \( \text{YES} \( \text{PNO} \)	20b. IF YES	S, WERE FINDS	O NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to immed couse (a), stofting underlying cause  PART 2 OTHER SIGNIF  19a DATE OF OPERATIO  21a ACCIDENT WAS UNDERL	thich (b), (c), (c), (c), (c), (c), (c), (c), (c	OR AS A CONSEQUE  CONTRIBUTING TO D  NOTION FOR WHICH  OF INJURY  A.M. MONTH DA	DEATH BUT  OPERATION  AY YEAR  19	NOT RELATED TO THE TERM	INAL DISEASE OR COND  200 AUTOPSY?  YES \( \text{YES} \( \text{PNO} \)	20b. IF YES	S, WERE FINDS	O NGS USED S OF DEATH?
	gove rise to immee couse "al, stating underlying cause"  PART 2 OTHER SIGNIF  19a DATE OF OPERATIO  21a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (1) (the saw the deceased obove, (l) (we) (did	hich (b), (c), (c), (c), (c), (c), (c), (c), (c	OR AS A CONSEQUE  CONTRIBUTING TO D  NOTION FOR WHICH  OF INJURY A.M. MONTH DA P.M.  E OF INJURY STREET, FACTORY, OFFICE, FJ  the deceosed from 19	OPERATION  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  19 77 19 77 10 that in (my) (our) opinion of	200 AUTOPSY?  YES NO CITY OR TOW	20b. IF YES	S, WERE FINDI FYING CAUSE: S PART 1 OR PART 2)  COUNTY  19 # 2  Jr and from the	NGS USED S OF DEATH? NO STATE
	gove rise to immed couse all, stoting underlying cause  PART 2 OTHER SIGNIF  19a DATE OF OPERATIO  21a ACCIDENT WAS UNDERLOW CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOOR NOT WHILE AT WORK  22a. I certify that (I) (the saw the deceased above, (I) (we) (did 22b. SIGNATURE	thich (b), (c)	OR AS A CONSEQUE  CONTRIBUTING TO D  NOTION FOR WHICH  OF INJURY A.M. MONTH DA P.M.  E OF INJURY STREET, FACTORY, OFFICE, FJ  the deceosed from  dy liter deoth.	OPERATION  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l LOCATION STREET  19 10 that in (my) (our) opinion of the physician of th	200 AUTOPSY?  YES NO CITY OR TOW  10 Lot on the do	20b. IF YE. IN CERTIFY YE IN CERTIFY YE IN TEM 18 IF IN T	COUNTY  22c. DATE	NGS USED S OF DEATH? NO  STATE
	gove rise to immee couse "al, stoting underlying cause"  PART 2 OTHER SIGNIF  19a DATE OF OPERATIO  21a ACCIDENT WAS UNDERLOR CONTRIBUTING CAU [IF EITHER NOTIFY MEDICAL  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL  AT WORK  22a.I certify that (I) (the sow the deceased obove, (I) (we) (did  22b. SIGNATURE	thich (b), (c) (lost. (c)	OR AS A CONSEQUE  CONTRIBUTING TO D  NDITION FOR WHICH  OF INJURY A.M. MONTH DA P.M.  E OF INJURY STREET, FACTORY, OFFICE, FA	OPERATION  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21i LOCATION STREET  19  77  19  77  19  10  10  10  10  10  10  10  10  10	200 AUTOPSY?  YES NO CITY OR TOW  TO MEDICAL STAF	20b. IF YE. IN CERTIFY YE IN CERTIFY YE IN ITEM 18 I	S, WERE FINDI FYING CAUSE: S  COUNTY  19 \$2  Ur and from the  22c. DATE  NOV.	NGS USED S OF DEATH? NO   that (I) (we) lose couses stated SIGNED  16, 198
WEDICAL	gove rise to immee couse "al, stoting underlying cause"  PART 2 OTHER SIGNIF  19a DATE OF OPERATIO  21a ACCIDENT WAS UNDERLOR CONTRIBUTING CAU [IF EITHER NOTIFY MEDICAL  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL  AT WORK  22a.I certify that (I) (the sow the deceased obove, (I) (we) (did  22b. SIGNATURE	hich (b), lost. (c). (c). (c). (c). (c). (c). (c). (c)	OR AS A CONSEQUE  CONTRIBUTING TO D  NDITION FOR WHICH  OF INJURY A.M. MONTH DA P.M.  E OF INJURY STREET, FACTORY, OFFICE, FA	OPERATION  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  19 10d that in (my) (our) opinion of the physician (my) (our) opinion (my) (our)	200 AUTOPSY?  YES NO CITY OR TOW  TO MEDICAL STAF	20b. IF YE. IN CERTIFY YE IN CERTIFY YE IN ITEM 18 I	S, WERE FINDI FYING CAUSE: S  COUNTY  19 \$2  Ur and from the  22c. DATE  NOV.	NGS USED S OF DEATH? NO   that (I) (we) lose couses stated SIGNED  16, 198

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.



	FOR  - STATE - FEGISTRAR		DEPARTM		EALTH AND MENTAL HYG	IENE 3 /	ن	3 5	0 /	t	
4	DECEASED NAME FIRST		WIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	_	
	(TYPE OR PRINT) WILL	AM I	RAYMONE	)	MASON	NOVEMBER	16	1987	11:00A	M	
1	3 SEX			5. DATE C		6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HE		
	Male			March 3, 1896		91	YRS		HOURS MI	Ν.	
5	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY					
2	Virginia	U.S.A.		WIDOWE		Princ		0		MD.	
3	Lanham	Lanham Lanham III. Name of Hospital, Nursing F									
1	USUAL RESIDENCE (IF NURSING HOME OF 130, STATE 13b COUN Maryland Prin		13c CITY OR TOW	V	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS 4204 31st			12		
1	14. FATHER'S NAME FIRST WILLIAM	FIRST MIDDLE LAST			15. MOTHER'S MAIDEN NA/ FIRST	ME UNAVAIL	ABLE	LAS	Т		
	160 WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECU		17 INFORMANT	ADDR	ESS			_	
Maria	Yes (IF YES, GIN WW.	e war or dates)	578-03-8	081	Gladys H: M	ason, Same	as l				
2	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY:		LLM	1045	)		BETWEEN O	MATE INTERVAL	гн	
	IMMEDIA	TE CAUSE (a)			2 4 /	, 1	1	)	1	_	
	Canditions, if any, which	Canditions, if ony, which									
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AT A CONSEQUE	NCEOF	uSio		/	0			
	PART 2. OTHER AGNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	FATH BUT	NOT RELATED THE TERM	INAL DISEASE OR COM	IDITION G	IVEN IN PART 10			
)	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. COND	TION FOR WHICH	OPERATIO	N WA TER ORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES			
	CO COLUMNIA CALLER OF OF		FINJURY M. MONTH DA	Y YEAR	2 HOW INJURY OCCUR		JRY IN ITEM 18	PART ( OR PART 2)		_	
	4 F EITHER, NOTIFY MEDICAL EXAMINES  21d. INJURY OCCURRED	P. 21e PLACE		19	211 LOCATION						
	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TH	OWN	COUNTY	STATE		
		220.1 certify that (1) (this hospital) attended the deceased from									
	22b. SIGNATURE	f) view the bady	after death.		DEGREE			22c. DATE	SIGNED		
	00	seu			ATTENDING PHYSICIAN	MEDICAL STA		Mal	168	2	
	22d. PHYS (IA) SA	HAKIAN,	M D		22e. ADDRESS 5632 Annapol	is Rd Rlag	lensh	iro Md	20710		
+	23a. BURIAL, CREMATION, REMOVAL			AME OF C	EMETERY OR CREMATORY	123d LOCATION			20,10	_	
	Burial	11-18-	-87 F	t. Lir	ncoln Cemeter	CITY OR TOWN	nod	P.G. M	STATE		
	24FRANGIS GASCH	'S SON	S FUNER	AL H	OME, P. ASO DAT	E REC'D. BY REGISTRA	25h REGIS				
	4739 Baltimore A	ve., Hy	attsville,	Mary	yland NOV	24 1987	lie al	undern-Re	delle		

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar ather traumatic event, the

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NOV 24 1987 July 15 July 18 July 18

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MARYLAND 2

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE

irector, page 3 urs after death

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

18	8 BREGISTRAR		CERTIF	ICATE OF DEATH	REG. I	NO.		
	DECEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
L	SARA	H ELIZA	BETH M	IATHER	NOVEMBER	13	1987	12:35P M
3	Female	4. RACE White	5. DATE O		6. AGE (IN YEARS LAST E		MONTHS DAYS	HOURS MIN.
1	O. BIRTHPLACE (STATE ORFOREIGN COUNTRY) North Carolina	76. CITIZEN OF WHAT C	OUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY Prince	OR COUNT	TY OF DEATH	MD.
	CITY OR TOWN OF DEATH  Lanham	AMI Doctor	L, NURSING HOME ( GIVE STREET ADDRESS) S HOSP. C	of Pr. Geo. Co	120. USUAL OCCUPA (TYPE OF WORK FOR MOST) • Nurse		LIFE) INDUSTRY	of BUSINESS OR
T	SUAL RESIDENCE (IF NURSING HOME C 136. STATE 136. COU Maryland A A	INTY 13c CIT	pence before admission) Y OR TOWN  n Burnie	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 103 Car			21061
	4. FATHER'S NAME FIRST Frank	F. Fort	LAST	15. MOTHER'S MAIDEN NA Sallie	WIDDLE			11ock
-	[YES, NO OR UNKNOWN] (IF YES, G	IVE WAR OR DATES)	.30.3662	Ben B. For			Randler	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C  (c)  CONDITIONS CONTRIBL  THEM 10	ONSEQUENCE OF SIO PHACE OF ONSEQUENCE OF	VARICES  NOT RELATED TO THE TERM	NINAL DISEASE OR COI	20b. IF Y		NGS USED
	OR CONTRIBUTING CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINED  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK AT WORK	ATH HOUR A.M. MC P.M.  21e PLACE OF INJU (AT HOME STREET, FACTO	NTH DAY YEAR  19 RY OPY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY ORT	OWN	COUNTY	NO STATE
	220.1 certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did 22b. SIGNATURE	n 11-12 of view the body ofter de	19 <b>9.7</b> , or	nd that in (my) (our) opinion DEGREE ATTENDING	death occurred an the	date and ha	22t. DATE	
	JANET MARTI			22e ADDRESS 6510 K	enilworth .	Ave.,	#2400,Ri	yerda167

BP.

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

TO HOSPITAL

DHMH - 16 60M 7/84

and Mental Hygiene priar ta burial,

IMPORTANT: If Item 21 is marked or Item 18 share

230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

(VRA 15, 4)

Singleton Funeral Home G Glen Burnie, Maryland

23c. NAME OF CEMETERY OR CREMATORY Nov. 16, 1987 Cedar Hill Cemetery

23d LOCATION CITY OF TOWN

STATE Md.

ery Brooklyn Pk. A A Co.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR 25 GNATURE.

pode

DECEASED NAME

1-emale 70. BIRTHPLACE

L FATHER'S NAME

CERTIFICATION

MEDICAL

(TYPE OR PRINTS

3. SEX

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. N	10.				
	2a. DATE OF DEATH	HINOM	DAY	YEAR	2b HOU	JR
	/	1-21	4-8	7	3:40	1
	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNI	DER 1 YEAR	IF UNDER	24 HR
,	01		MONTH	S DAYS	HOURS	4LM

Black	July	12 DAY	1896
CITIZEN OF WHAT COUNTRY?	8.	LUEVER	

DIVORCED

17 INFORMANT

9. BALTIMORE CITY OR COUNTY OF DEATH

CITY OR TOWN OF DEATH

MIDDLE

INDUSTRY

13e.STREET ADDRESS/ ZIP CODE

USUAL RESIDENCE

4. RACE

FIRST

ear

& STATE OR FOREIGN

Conditions, if ony, which gove rise to immediate couse (a), stoting underlying cause

160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)

APPROXIMATE INTERVAL

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A MINSEQUENCE OF

A elmorna

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY?
		YES NO
OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c. HOW INJURY OCCURRED	(ENTER NATURE O

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NO YES 🗍 NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY

211 LOCATION

COUNTY

NO [

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

220 I certify that (I) (this haspital) attended the deceased from\_ 

\_\_\_\_, and that in (my) (our) opinion death occurred on the date and have and from the couses stated

that (I) (we) last

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED

22e ADDRESS

23a. BURIAL, CREMATION, REMOVAL

NOT WHILE

AT WORK

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

Queen's Chapel Cem.

Beltsville, Pr. Geo, MD

Burial 24 FUNERAL DIRECTOR

AT WORK

Snowden

11-30-87

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

GEorge R.

Rockville, MD 20850

073867 216-337 The transfer of the second second

injury, or other troumotic en

IMPORTANT: If them 21 is morked or Item 18 shows

	ST	A	TE	OF	M	ARYL	AND
DEPARTMEN	TO	F	HE	AL	TH	AND	MEN
	-	-					

ITAL HYGIENE **CERTIFICATE OF DEATH** 

3

NEO IO TROTT					REG. I	10.		
1. DECEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	HIMOM	DAY YEAR	2h HOUR
WILI	LIAM	E	MAZ	ZYCK	November	29	1987	12:40p <sub>M</sub>
3. SEX	4. RACE		S. DATE C		6. AGE (IN YEARS LAST 8	IRTHDAY)	IF UNDER 1 YEAR	
Male	Cauca	sian	Mar	ch 15,1913	74	YRS	MONTHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8		9 BALTIMORE CITY			
South Carolin	a Unite	d States	WIDOWE	D NEVER MARRIED DIVORCED	Prince Ge		Count	М
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPA	TION	12b. KIND (	OF BUSINESS OR
Lanham			-	tal of Pr. Geo	. Co. Stor	of working	er Pulhe	an R.R.
Maryland Pr	ME OR OTHER INSTITUTION OUNTY ince Geo.	13c CITY OR TO	NWO	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 10202 DUI	/ ZIP CO	Street/	20769
14. FATHER'S NAME FIRST  John	MIDDLE C.	Mazycl	\$	Beatrice	ME		Dent '	ST
160. WAS DECEASED EVER IN U.S	S. ARMED FORCES?	16b. SOCIAL SE	ECURITY NO.	17. INFORMANT	ADDI	RESS		
No No	S, GIVE WAR OR DATES	710-03	3-8196	Roger W. Maz	yck, Same a	as # :	13.	
18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	er only one couse pe NUSED BY. DIATE CAUSE (o)	r line for (0), (b),	ond (C)	with Vaile	ins		BETWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse last	DUE TO, 0	DR AS A CONSE		HELLOSCIALO NOT RELATED TO THE TERM		IDITION 6	CIVEN IN DART 1	
					INAL DISEASE OR COI			
190 DATE OF OPERATION  190 DATE OF OPERATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN	) gan	- 9 see 8	CHOPERATIO LSV	N WAS PERFORMED	YES NO K	IN CER	YES, WERE FIND! TIFYING CAUSES YES []	
210. ACCÍDENT WAS UNDERLYIÑ OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	F DEATH HOUR A		DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF IN)	URY IN ITEM IS	8 PART ( OR PART 2)	
21d INJURY OCCURRED  WHILE NOT WHILE ALWORK		OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC }	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
220.1 certify tho (1) (this because of olive) obove, (1) (we) (did) (did)	e on 11/2	9 19	(2)	nd that in (my) (our) apinion of	, to	25 dote and h	our and from the	that (I) (we) lost couses stated
226. SIGNATURE  Bull	P. Down	30		DEGREE ATTENDING PHYSICIAN		AFF ICIAN []	27c DATE	100/8
22d PHYSICIAN'S NAME (1	wman, M.D			5901 Medical	l Terrace,	Cheve	erly, Md	. 20785
23. BURIAL, CREMATION, REMO (SPECIFY) Burial	Dec • 3			emetery or CREMATORY coln Cemetery	23d LOCATION Brentwoo	od,P.	G. Maryl	and STATE

DHMH - 16 60M 7/B4

Beall Funeral Home (VRA 15, 4)

24 FUNERAL DIRECTOR

16000 Annapolis Road Bowie, Maryland 20715

Brentwood, P.G., Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Divideon Pondale

THE RESERVE AND ASSESSED TO SEE OF CORRECT SERVENCES AND ASSESSED ASSESSED ASSESSED.

#### STATE OF MARYLAND DEPART

FOR STATE REGISTRAR		EALTH AND MENTAL HYG	9 /	3 3 3 9 1.
EASED NAME FIRST  OR PRINT!  FLORENCE	= M. McC	BE	REG. NO.  20. DATE OF DEATH MO	R 23 87 15 A
MARE C	ANCASIAN 5. DATE O	BIRTH 2 1895	6 AGE (IN YEARS LAST BIRTHDA	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
THPLACE (STATE OR FOREIGN 7b	CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OR CE	SEOREE MD.
YORTOWN OF DEATH 11.	NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
L RESIDENCE (IF NURSING HOME OR OTH TATE 13b. COUNTY		136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	P CODE SALLE RB782
HER'S NAME , FIRST MIDI	Mª CABE	15. MOTHER'S MAIDEN NAM	MIDDLE	UNN INTE HAM
AS DECE ASED ÉVER IN U.S. ARMÉ! (S, NO OPUNKNOWN) (IF YES, GIVE W.		J.E. MENEIL	- 1701 1	Y ST.N.W. WASAD.C
8. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	PKI Kakta VS IVA- 1-1-1	REBRATTHON	neusis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF,  (b) ATHENOSCUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	PARDIORENIALVA	seum Disens	t years
PART 2. OTHER SIGNIFICANT COM	NOTIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CONDIT	ON GIVEN IN PART 11a
90. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED		DE IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES NO NO
? 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	71e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	attended the deceased from HIVI	that in (my) (***) apinion of	ta NOVEMBER leath accurred an the date	and have and from the causes stated

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fram sow the deceosed alive an November 22 19 of abave, (1) (wolvedid) (did not) view the body after death. 22b. SIGNATURE

23b. DATE

DEGREE

MEDICAL ATTENDING PHYSICIAN

STAFF

22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION HY OR TOWN

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

VAL RESIDENCE (IF NURSING HOME OR OTHER IN

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

CERTIFICATION

MEDICAL

CITY OR TOWN OF DEATH

4. FATHER'S NAME · FIRST

- STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

3. SEX

- 130 A

7

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700 Y 030

DIVISION OF VITAL RECORDS.

STATE BEGISTRAR DECEASED NAME

(TYPE OR PRINT)

3 SEX

FE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

DEC NO

KLO. ITO.		
DATE OF DEATH MONTH	DAY YEAR	2b HOUR
NOV, 2rd	1987	200
GE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H

	4 RACE	3 DAIL O	F BIRTE	1
MALE	Caucasian	May	19,	190
THOLACE	THE CITIZENLOS WHAT COUNTRY?	0		

5406 13th Avenue

MAY

HAZEL

YEAR 06

MC CARTEN

BALTIMORE CITY OR COUNTY OF DEATH Prince George's

Washington DC

MARRIED NEVERMARRIED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

House wife

12h KIND OF BUSINESS OR Own Home

Hyattsville

Hyattsville Prince Geo.

YESXX NO T

5406 13th Avenue 20782

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Maryland 4 FATHER'S NAME

Shaw

IS MOTHER'S MAIDEN NAME Ida

MIDDLE

King

William 60 WAS DECEASED EVER IN U.S. ARMED FORCES?

CERTIFICATION

16b. SOCIAL SECURITY NO. 578-36-1951

17 INFORMANT 8767 Contee Road.

81

Mr. Gene Shaw, Laurel, Md. 20708

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE

Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.

ANTEST

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

190	DATE	OF	OPER	ATIO	N

216 TIME OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

200 AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d IN JURY OCCURRED

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM ETC )

21f LOCATION

COUNTY

WHILE NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from.

and that in (my) (aur) opinian death occurred an the date and hour and from the causes stated

sow the deceased alive on above, (I) (we) (did) (did nat) view the body after death 22b. SIGNATURE

DEGREE MI

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

10 1983

22c DATE SIGNED 11 - 03 - 87

STATE

Mark K. Li

22d PHYSICIAN'S NAME CTYPHOR PRINT

Suite #205

1140 Varnum St., N.E., Wash. D.C. 20017

CITY OR TOWN

23a BURIAL CREMATION, REMOVAL

Burial

23b. DATE

231 NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

Suitland,

P.G., Maryland

DHMH - 16 60M 7/84

(VRA 15, 4)

d b

MPORTANT

11-05-87 2FRANGES GASCH'S SONS FUNERAL HOME, 4739 Baltimore Ave., Hyattsville, Maryland

P. NO DATE REC D. BY REGISTRAR 756 REGISTRAR'S SIGN

MON O P 283

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND

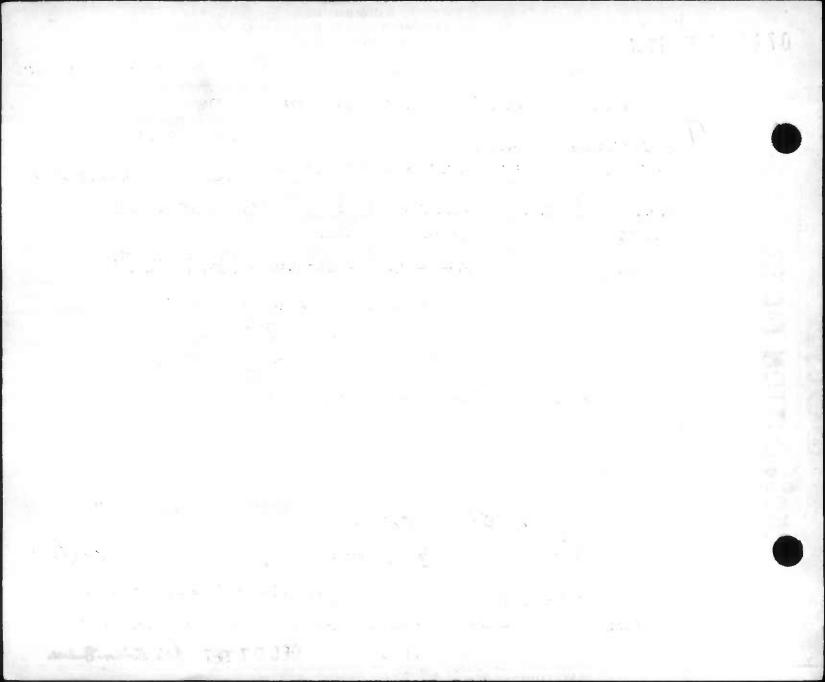
){	CI.	FOR STATE REGISTRAR		DEPARTM		EALTH AND A		IENE /	NO.	2 0	7 4
			NRY	MIDDLE	MCCA	RTHY		2a. DATE OF DEATH	MONTH	-29-87	9 .07AN
	3 SEX	MALE	4 RACE BLACK		S DATE O	13 <sup>AY</sup>	1914	6 AGE (IN YEARS LAST E	YRS	MONTHS DAYS	IF UNDER 24 HRS
P	90°	RTHPLACE (STATE OR FOREK OUNTRY) UTH CAROLINA TY OR TOWN OF DEATH	U.S.A	WHAT COUNTRY?	WIDOWE		ORCED	PRINCE	GEORGE	e's coun	TY MD
9		CHEVERLY	PRINC	E'AG'EORGE	SOREEROS			(TYPE OF WORK FOR MOST		IFE) INDUSTRY	RUCTION
2	13a. S	D	COUNTY	131. CITY OR TOWN	N	134 INSIDE C	NO 🗌		SON C		**
-		SCOTT	WIDDLE	McCARTH		ANNA	MAIDEN NAM	WIDDLE		LAS	ī
		VAS DECEASED EVER IN L	J. S. ARMED FORCES? YES, GIVE WAR OR DATES)	579-09-0		ROXIE	McCARI	HY GLENARI	SHASON DEN M.	CT.	
	7 NO	Conditions, if any, wh gave rise to immedi- cause (a), stating	DUE TO, O  soft.  CAUSED BY:  DUE TO, O  DUE TO, O  DUE TO, O  COST.  (c)	Cayd  RASA ONSEQUE  RASA CONSEQUE  Subo	NCE OF	long long NOT RELATED	12 74	arred ailure temater mal disease or co	na		IMATE INTERVAL ONSET AND DEATH
1	CERTIFICATION	190 DATE OF OPERATION	1 196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20s AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES []	NGS USED OF DEATH?
1	MEDICAL CER	218. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (##EITHER NOTIFY MEDICALE 21d. INJURY OCCURRED WHILE AT WORK  22e.1 certify that (1) (this saw the deceased o above. (b) (well (dat)	E OF DEATH XAMINER)  10 PLACE (AT HOME, ST  s hospital) attended	M. MONTH DA M. OF INJURY REET FACTORY, OFFICE F	19 ARM, ETC )	211 LOCATIO	, 19_8 <sup>-7</sup>	CITY OR	10WN	COUNTY	STATE that (1) (we) last causes stated
1		226. SIGNATURE 226. PHYSICIAN'S NAME	evally !	nong		22e ADDRES	S	DIRECTOR PHYS		N/3	51GN90
		REVATHY	WIIDMING No -			613	O LANDO	OVER RD. L	ANDOVE	R, M.D.	
		BURIAL, CREMATION, REN	·			EMETERY OR C		23d LOCATION LANDOVER	P.(	G. MARY	LAND
		INERAL DIRECTOR DOL					25a DAT	E REC'D. BY REGISTRA	R 25b. REGIS	TRAR'S SIGNAT	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT. If Hen 21 is marked at Item 18 shows any injury,

ROLLINS FUNERAL HOME, INC.

DEC 07 1987 Julia Birder Balan



## FOR - STATE

88

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

that the deat

TO HOSPITAL

BP.

moy be

lirector, page 3 ours after death

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REG.	NIO	

7

3 3

07	REGISTRAR		CERTIF	CATE OF DEATH	REG, NO.		
	CEASED NAME FIRST	MIDDLE	11	AST	20 DATE OF DEATH MON	NIH DAY YEAR	26 HOUR
	ENGAR	JAMES	MICC	LOY	/.	1-11-87	3374
3. SE	MAIC	(AUCASIA.	5. DATE C	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHOLA	MONTHS DAYS	
7n RI	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUN	/	22 41	9. BALTIMORE CITY OR CO	YRS.	
	COUNTRY)		MARRIE	NEVER MARRIED	Desire of C		
	shington, D.C.	U.S.A.	WIDOWE		12a. USUAL OCCUPATION		OF BUSINESS
C	linton	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	spital Cente	(TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDUSTRY	
USUA	Linton AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)				0 1011
	STATE 135. COUR	Georges Camp		130. INSIDE CITY LIMITS? YES 🚺 NO 🗌	13e STREET ADDRESS / ZII 5401 01d Bra	inch Ave.	20748
14. FA	ATHER'S NAME	MIDDLE LAS	51	15. MOTHER'S MAIDEN NA	MIDDLE		ASI .
		ferson Mc	Cloy	Helen	Louise	Ro1	lins
0		VE WAR OR DATES)	SECURITY NO.	17. INFORMANT	ADDRESS		
	No	578-54	1-9967	Kimberly A.	McCloy as i		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE			111 11	FARCT	BETWEEN	XIMATE INTERVAL N ONSET AND DEA
	IMMEDIA	TE CAUSE (a)	OCARD	me in	1711001		
CERTIFICATION	PART 2 OTHER SIGNIFICANT SMOKE.	(c) 77 CONDITIONS CONTRIBUTION RS 20/	G TO DEATH BUT		20a AUTOPSY? 20	ON GIVEN IN PART 1  ILL. IF YES, WERE FIND  CERTIFYING CAUSE	INGS USED
E					YES NO	YES	NO [
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	H DAY YEAR	21¢ HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART   OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (this hosp	ital) attended the deceased i	fram	197419		11, 19.87	, that 🍅 (we)
	saw the deceased alive ar obove, (I) (wa)/did) (did no	at) view the body ofter death	19.87., or	d that in (my) (our) opinion	death occurred on the date of	and hour and from th	e couses stated
	776;579 APPLC	naughy	MB	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	11-	ESIGNED
	R.A. M.C.	ONNAUGHY	ned	5618 S	+. BARNABO	is Rd	OXOU.
	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Washingto	on county	STATE
24 51	Burial UNERAL DIRECTOR	11-16-87	congres	ssional Cem.			D.C.
	P. Kalas F.H.	5160 Oxon HiîÎ	Rd. Oxo	n Hill,Md.NC	TE REC'D. BY REGISTRAR 256.	ulia Davides	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove sarian paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, at removed.

73 8 1 2 8 9 2 4 13 67

A37.2 3/11 ...

24 in a b morning and

PRESENTAL INSTITUTE OF THE STATE OF

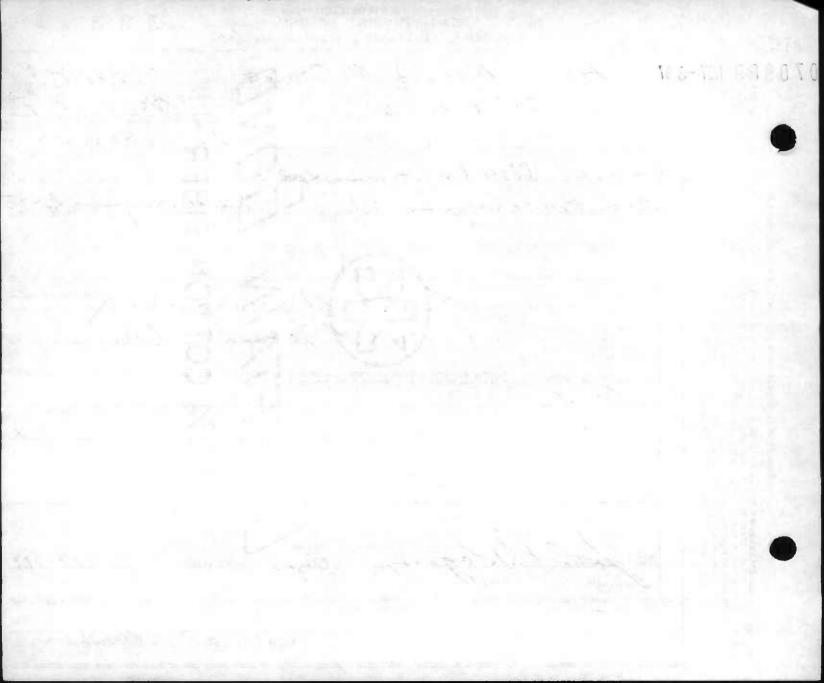
Attended to HEART Des

- 12 11-71 - 1/261

KHIM Connace of 1110 - 508 St. Bresser and Mile In

13 - 10 TRY 5 1 VOW.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN 16 HOUR OF 87 DEATH MATED 72 HOU 3. SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY DIRE PRONOUNCED YOUR NECESSARY DEAD FUNERAL I WITH Y 70 BIRTHPLACE 76 CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED DIVORCED 3 E N ID CITY OR TOWN OF DEATH TO THE I 11. NAME OF HOSPITAL, NURSING HOME. 12a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 2, AND 3 TO 3. RETAIN PA WESTINGHOUS BENGINEER USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION RECO 13e STATE NO GIVE PAGES 1, 2, A
VITH FORM PM 3, A
PAGES 1 AND 2 SH
DIVISION OF WITAT R 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST LAST EIRST DONALD MCCOMAS LINITEM B. GIV. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) EXECUTOR ALBERT BOWEN 212-30-0480 752-4660 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). IL CHIEF MEDICAL EXAMINER ALDNG W BE USED AS BURIAL TRANSIT PERMIT. INT OF HEALTH AND MENTAL HYGIENE, D BÜRIAL, CREMATIONI BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: PRESTON ST IMMEDIATE CAUSE (a). THING:24 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) PENDING CERTIFICATION (2) 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER, DEATH, WITH THE STATE DEPARTMENT OF HI BAITMORE, MARYLAND, 21201 PRIOR TO BURIAL, on YES NO 🔽 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 214 INJURY OCCURRED 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE COUNTY NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Inspection DC Autopsy and in my opinion death resulted from Natural causes Accident Undetermined monner Hamicide TITLE (SPECIFY) ACTUAL MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 0 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 11 - 2 - 8707/84 BP Removal 25M 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS (VR A15 ME (5)) State Anatomy Board Balto., Md.



#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔾

McCoy

WIDOWED X

CERTIFICATE OF DEATH

REG. NO November 12 1987

YEAR	26 HOUR	P
	10:20	N
FYEAR	IF UNDER 24 HRS	,
DAYS	HOURS MIN	

3. SEX 4 RACE 5. DATE OF BIRTH Female White Jüly 22 1900 70. BIRTHPLACE ISTATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY?

USA

MARRIED NEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH Prince George

12ª USUAL OCCUPATION
(TYPHOMENA)

MIDDLE

6. AGE (IN YEARS LAST BIRTHDAY)

87

126 KIND OF BUSINESS OR

10. CITY OR TOWN OF DEATH Riverdale

Maryland

CERTIFICATION

Maryland

- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

LIGUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI ProGeorge Distangts

13d INSIDE CITY LIMITS? NO [ 15 MOTHER'S MAIDEN NAME

131SPFTOADHSYWOSOF Road 20747

Benson

206 IF YES, WERE FINDINGS USED

the date and hour and from the couses stated

14 FATHER'S NAME Michael

Wallace

Alice 17 INFORMANT

ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? LIF YES, GIVE WAR OR DATEST

FIRST

Florence

166 SOCIAL SECURITY NO. 577 12 4766

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Le l'and Membria Hospital

Gloria Sumner

Same as #13

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: acute my owalial IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate cause 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED The PLACE OF INJURY

NOT WHILE

21f LOCATION AT HOME STREET FACTORY OFFICE FARM ETC I

> DEGNEE NO

COUNTY

hospitali attended th deceased from

MEDICAL STAFF DIRECTOR PHYSICIAN

20a AUTOPSY

Peter M. Schissler, M.D.

77e ADDRESS

7500 Greenway Center Drive 234 NAME OF CEMETERY OR CREMATOR ENDED TO CAMBULY Land 20770

CITY OR TOWN

23a. BURIAL, CREMATION, REMOVAL Burial

AT WORK

16Nov1987 Epiphany Church Cem

Forestville Maryland NOV 1 6 1987

DHMH - 16 50M 4/83

should be deto with the Stote [ MPORTANT

> M FUNERAL DIRECTROBERT E Wilhelm Funeral Home Suitland Maryland

(VRA 15, 4)

# STATE OF MARYLAND

NOV 25	87	FOR STATE REGISTRAR					EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		3 7	7 1
		CEASED NAME DO	eoth.	4	MDDLE	mi	Dowell	26 DATE OF DEATH	1-16-	87	10 00 A
nck.	3 SE	Female	4 R	whi	te	5 DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR			HOURS MIN
410	7a. Bi	RTHPLACE (STATE OR FOREN	GN 71 (	CITIZEN OF	WHAT COUNTRY?	1	NEVER MARRIED EX	Prince	R COUNTY C		,
10	10 C	TY OR TOWN OF DEATH Laurel	11.	NAME OF	H FACILITY, GIVE STREET	G HOME C	ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O accounta	OF WORKING LIFE)	126 KIND OF INDUSTRY US G	BUSINESS (
33	USU/ 13a S	AL RESIDENCE (# NURSING TATE 131 Manuland	HOME OR OTH COUNTY		1 2 0 0 0 0 0	ADMISSION]	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 1140 12th			
165	14. F/	THER'S NAME FIRST HOWARD	McDo	ne owell	LAST		15. MOTHER'S MAIDEN NAME FIRST	Perkins		LAST	
the me		VAS DECEASED EVER IN IES, NO OR UNKNOWN) IN	U.S. ARMEE FYES, GIVE WAI		579 10		H. Stanley	ADDR		Vestche Je Park	. Md
removal ric even		PART I. DEATH WAS	Enter only o CAUSED B'	Υ	Cardid	1	rrest			BETWEEN ON	ATE INTERVAL
on please remove can to burial, cremation, injury, or other trac	z		liate the last	(b) DUE TO, O	RAS A.CONSEQUE	NCE OF	bstrutie L NOT RELATED TO THE TERM	un, DISCONNAL DISEASE OR CON	SE DITION GIVEN	N IN PART 1(o:	
10 F	CERTIFICATION	19a DATE OF OPERATIO	N	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
Tight 18	¥	210. ACCIDENT WAS UNDERLOR CONTRIBUTING CAU	SE OF DEATH	7.0	M. MONTH DA	YEAR	21c HOW INJURY OCCURR	ED JENTER NATURE OF INJU	RY IN ITEM TO, PAR	T T OR PART 2]	
the burn thand Me narked o	MEDIC	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	)	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		21f LOCATION STREET	CITY OF TO	WN	COUNTY	STATE
or use as of Healt on 21 is r		22e.1 certify that (1) (the saw the deceased abave, (1) (we) (all		4.4		2 7	d that in (my) (our) opinion of	, to	6 - 19 ate and hour o		oot (I) (we) ouses stated
old be detached in the State Dept.		728. SIGNATUR  728. PHYSICIAN'S NAMI	E (TYPE OR PRI	7. U	)anen	m	ATTENDING PHYSICIAN S	MEDICAL STA	FF CIAN []		-57
the state	23e. (	BURIAL, CREMATION, RESPECIFY	MOVAL 2	3b. DATE	23c N		EMETERY OR CREMATORY LEW Memorial P	23d LOCATION CITY OR TOWN ark Catons	ille, i	OUNTY	STATE
I-16 25M 5, 4) 1/79	24 F	INFRAL DIRECTOR			Homess La		Z5s. DATE			AR'S SIGNATU	RE

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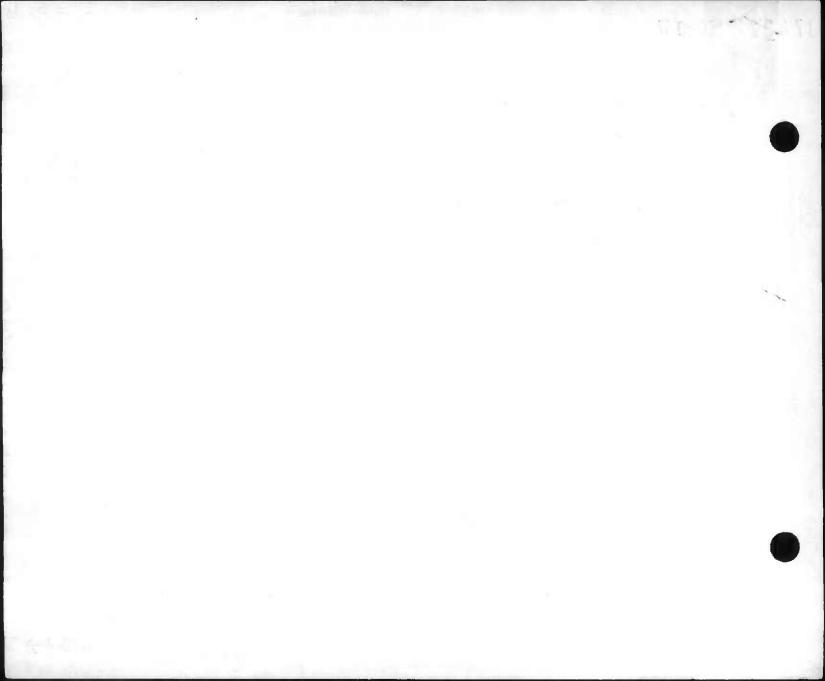
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074-32	1- DEC -8	87_	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG. NO	3 0 13	BASSAX
			CEASED NAME FIRST		MIDDLE	(	AST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
pe e	poge 3	3441	Thomas	Ja	ames	Mc	Elrath	Nov. 30	1987	3.38Am
te 4 moy	rector. po urs ofter d	3. SE)	Male	RACE Black	k	5. DATE C	y 20 <sup>PAY</sup> 1924 <sup>R</sup>	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEA MONTHS DAYS	
death. Page	in 72 hou	7a. BI	RTHPLACE (STATE OR FOREIGN North Carolina		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED			MD.
fer	by the fu	La	ry or town of death anham	1021450	Buena Vis	sta Av	OR OTHER INSTITUTION	126 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 12b. KIND FWORKING LIFE) INDUSTR	of BUSINESS OR Y
AND 2120	filled in	130 \$		NOTHER INSTITUTION NITY	GIVE RESIDENCE BEFORE  136. CITY OR TOY  SES Lan	re admission) VN 1 am	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 10214 Buen	a Vista Ave	736
RE, MARYLAND	Completely Toda 2 sh		THER'S NAME Milas	MIDDLE	McE1		is mother's maiden n I'rene	WIDDLE	Smit	
MORE,	and co		AS DECEASED EVER IN U.S. AI (IF YES OF)  Yes	RMED FORCES?	579-34-		Mary McElra	th/10214 Bue	na Vista Av	е
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BAITIMORE, MARYLAND 21201	n signed by the attending physici Then please remove carbonopoper ta buriol, cremation, or removal, injury, or other troumatic event, th	NO	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, O  DUE TO, O  (c)	COLON R AS A CONSEQU R AS A CONSEQU	Carc		rminal disease or conf	1	XWARTE INTERVAL NONSET AND DEATH Yr.
AL RECOR	has bee prior ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	1 OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND IN CERTIFYING CAUSI YES [	
SION OF VITAL	ending physician. This certificate has te burial-transit pe ind Mental Hygiene d or Item 18 shows		2) B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	m. month e m.	AY YEAR		IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	
DIVISION	ed a hat	MEDICAL	WHILE OCCURRED NOT WHILE AT WORK	(AT HOME, STI	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO		STATE
TTENDI	OR OR F He		220.1 certify that (I) (this hasp saw the deceased alive a abave, (I) (we) (did) (did n	NOV .  Niview the bady	29 19	0ct. 87.	15 , 19 <u>87</u> ad that in (my) (aur) apinio	n death occurred an the do	30 1987 ate and hour and from the	_, that (I) (we) last he causes stated
AL OR A	y the ha RAL DIRE: detached ate Dept		226. SIGNATURE Kresse	1-				MEDICAL STAF	E	TE SIGNED  C 2 1987
) HOSPITAL	retained by the hasp TO FUNERAL DIRECT should be detached fo with the State Dept. a MAPORTANT: If them 2		Bruce Kre				2141 K S	t. N.W. Wa	sh. D.C.	
-	3P		URIAL, CREMATION, REMOVA SPECIFY Burial	Dec 3,	1987 A		emetery or crematory on National	AfITHETO	n Arring	gton sWA
DHA	NH - 16 50M 1/81 (VRA 15, 4)		NERAL DIRECTOR . B. MAMEJenkins FH,	/7474 La	ndove <b>भ</b> न्दस	d/Land	lover, Md	EC 0.7 1987	256 RIGISTRAR'S SIGN	ATURPANDARS



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should be detached with the State Dept.

CERTIFICATION

MEDICAL

3. SEX

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH A TREGISTRAR REG. NO LAST 20 DATE OF DEATH DECEASED NAME MIDDLE MONTH 2b. HOUR (TYPE OR PRINT) 310 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 4. RACE AGE LIN YEARS LAST BIRTHDAY MONTH 1918 Caucasian 69 July **9 BALTIMORE CITY OR COUNTY OF DEATH** 7a. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY U.S.A. Virginia Prince George's DIVORCED X WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Self-Employed 2514 Newglen Avenue Construction Forestville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 20747 2514 Newglen Ave. Maryland Prince George Forestville YES X NO [ 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME D. McGuire Mary MIDDLE Dudding George 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 112 Colfax Dr. Manassas Park, Yes NO OR UNKNOWN) 5-k938 223-12-1999 Michael E. McGuire APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: YFAR IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21. PLACE OF INJURY

19 (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

211 LOCATION

CITY OR TOWN

YES [

NON

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated

COUNTY STATE

NO [

220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive on abave (1)(we) (did) (did no) view the bady after death 22b. SIGNATURE

ATTENDING MEDICAL PHYSICIAN

STAFF DIRECTOR PHYSICIAN 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL

Burial

AT WORK

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

Maryland Veterans Cemetery Cheltenham

24 FUNERAL DIRECTOR

(SPECIFY)

(VRA 15, 4)

BP

FUNERAL DIRECTOR:

DHMH - 16 60M 7/B4

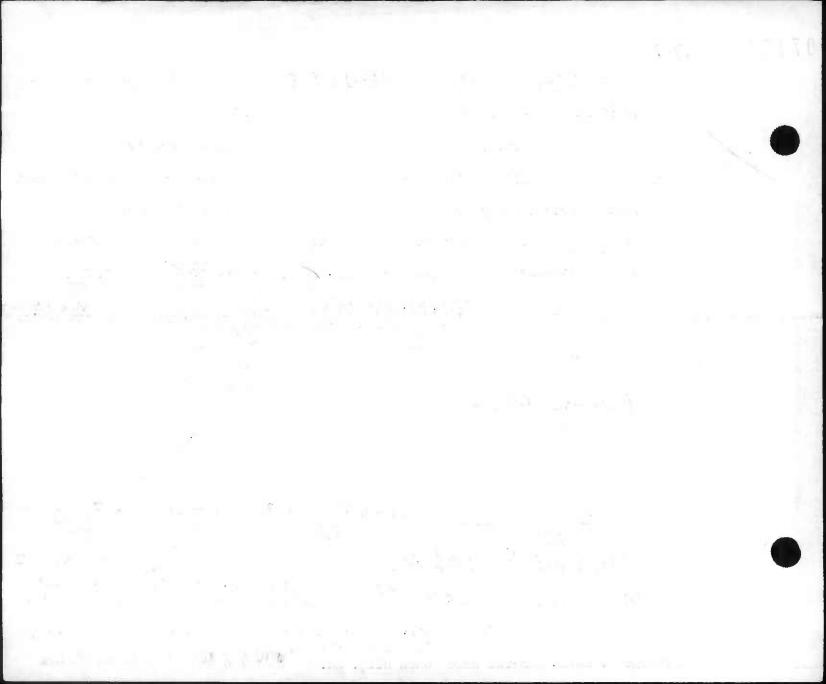
George P. Kalas Funeral Home

23b. DATE

11/10/87

Oxon Hill. Md.

6160 Oxon Hill Rd250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Adia Dividen Rudale



TO FUNERAL DIRECTOR: should be detached to 114 with the State Dept of the MPORTANT. If them 21 is:

DHMH 16 60M 7/84 (VRA 15, 4)

#### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

4	13	- 1	9	4

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10		
. DECEASED NAME	FIRST		AIDDLE		AST .	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	GEORG	E		MCMI	LLAN		11-1	10-87	4.45P N
SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	
Tale	1	Black		Sept	ember 18 1905	82	YRS	MONTHS DAYS	HOURS MIN.
o. BIRTHPLACE (STATE	or Foreign	U.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF PRINCE GEO	OR COUNT	Y OF DEATH	MD
CHEVERLY	DEATH				AL HOSPITAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Guard			GOVERNMENT OR
SUAL RESIDENCE (IF P. 30 STATE	MAD EOUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOWI Washingto	N	123 - 110 -	13. STREET ADDRESS 5728 350	ZIP COO	NW	9999
Duffie Mc	Millan	MIDDLE	LAST		Lou A. Gild			LA	ST
WAS DECEASED EN		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	11504DD	Manti	lly Lan	0
no or orknown	(11-163, 014)	WAR OR DAILS?	578 18	1910	Janie Stewar	rt Mithell	ville	, Md.	
	immediate ating the juse last.	DUE TO, O		NCE OF A	rscular / en fin  NOT RELATED TO THE TERM  N WAS PERFORMED	Accide  INAL DISEASE OR COM  1200 AUTOPSY?		IVEN IN PART 1	
190 DATE OF OPE	UNDERLYING	] 21b. TIME C			21c HOW INJURY OCCURR	YES NO	Y	FYING CAUSES	S OF DEATH?
OR CONTRACTOR	_	ile.	M. MONTH DA	YEAR 19					
21d INJURY OCC		21e PLACE			ZIF LOCATION STREET	CITY OR T	DWN	COUNTY	STATE
saw the dec		tal) attended th	e deceased from 19		nd that in (my) (our) opinion o	, ta an the @	late and ha		
276 SIGNATURE	Keva	ety	my	hy .	ATTENDING PHYSICIAN	MEDICAL STA		226 DAT	13 S-9
REV	ATHE	MUR	749		6130 LA	NDOVER.	RD L	ANDO	VERN
30. BURIAL, CREMATIC	L	Novem	per 14 Li		Cemetery OR CREMATORY	Suitland		yiand	STATE
4 FUNERAL DIRECTO	McGuire Service	Funera , Inc.	ADDRECE	7400 ( N.W.	Ga. Ave., 250 DAT	e rec'd. by registral V 2 0 1987	256 REGIS	STRAR'S SIGNA	TURE Bridge

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reference of contractor, page 3

201 W, PRESTON ST., BALTIMORE, MARYLAND 21201

JIVISION OF VITAL RECORDS,

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

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				ST				Tal House
	EASED NAME FIRST	MIDDLE	LAS		20 DATE OF DEATH	WONIH DY	AY YEAR	26 HOUR
(ITPE	ORPRINTI MAZIE	B	MEN	DAORE		11-1	2 - 87	IN HOOM
3. SE		14. RACE	5. DATE OF	F RIPTH	6. AGE LIN YEARS LAST BIR	THOAY)	F UNDER I YEAR	IF UNDER 24 HRS.
-		BLACK	MONTH	DAY YEAR	00		ONTHS DAYS	HOURS MIN.
			6	6 07	800	YRS.		
-	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY O	OF DEATH	
4:	DNEOR, NC	42U	WIDOWED		PRINCE	GEN	2005	ME
CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OF	OTHER INSTITUTION	12a. USUAL OCCUPATI			OF BUSINESS OR
0	INTON	(IF NOT IN SUCH FACILITY, GE	Mariante	non Haspin	(TYPE WORK OR MOST O	F WORKING LIFE)	INDUSTRY	
ISUA	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDEN		this itospiai	1104-			
30 S	TATE 136. COU	NTY 13c. CITY C		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	7	1999
	1	WT,		YES NO	UNXWE	11/11/	' /	111
I. FA	THER'S NAME	WIDDLE	AGE	15 MOTHER'S MAIDEN N	AME		LA	
	TOHN	BECK	the	מענ")	MIDDLE		LA:	1153
6a W	AS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17. INFORMANT	ADDRE	SS LLE	4 PUTE	E COL
(1	ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	-58-9300	HELEN CA	D		D. BER	
_		9 , ,	76 1700	March Ch	Mercu	10	الر الر	7 200
	18 CAUSE OF DEATH (Enter o	inly one cause per lipe for (a)	, (b) and (c).)	$\cap$			BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY: (TE CAUSE (0)	claso 1/e	as Critim	Actil	m		
	IMMEDIA	(TE CAUSE (0)		, , ,		17		
		DUE TO, OR ASIA COI	NSEQUENCE OF	0	11	10		
	Conditions, if any, which	DUE TO, OR ASIA COI	NSEQUENCE OF	relevat	& loten	f De	2 ma	
	gove rise to immediate	(b) 74	Jew!	schrat	e lofen	f Pr	2 me	
		DUE TO, OR AS A COM	Jew!	relevat	Le lifery	Dr	no	
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COM	NSEQUENCE OF	ocherat	& Hen	f Dr	ALINI BARTIL	
Z	gave rise to immediate cause (a), stating the underlying cause last.	(b) 74	NSEQUENCE OF	Octable NOT RELATED TO THE TER	MINALDISEASE OR CON	DITION GIVE	N IN PART 1	(a)
TION	gove rise to immediate cause (a), stating the underlying cause last.  PART TOTHER SIGNIFICANT	(b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	NSEQUENCE OF	-1070/-	ma - C	2/F		
CATION	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COM	NSEQUENCE OF	-1070/-	MINALDISEASE OR CON  200 AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED
TIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART TOTHER SIGNIFICANT	(b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	NSEQUENCE OF	-1070/-	ma - C	20b. IF YES,	WERE FINDI	
ERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART TOTHER SIGNIFICANT	DUE TO, OR AS A COME  (c)  CONDITIONS CONTRIBUTION  196. CONDITION FOR	NSEQUENCE OF	I WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?
	gove rise to immediate cause (a), stating the underlying cause last.  PART OTHER SIGNIFICANT 19a. DATE OF OPERATION	(c) CONDITIONS CONTRIBUTE  196. CONDITION FOR  216. TIME OF INJURY	NSEQUENCE OF NG TO DEATH BUT N	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?
ICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost.  PART TOTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR CONTRIB	NSEQUENCE OF  NG TO DEATH BUT N  WHICH OPERATION  TH DAY YEAR  19	WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?
EDICAL	gove rise to immediate cause (a), stating the underlying cause last.  PART TOTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONTRIBUTION OF AMERICAN MON P.M. 210. PLACE OF INJURY PLACE PLACE OF INJURY PLACE PLA	NSEQUENCE OF  NG TO DEATH BUT N  WHICH OPERATION  TH DAY YEAR  19	I WAS PERFORMED  21c HOW INJURY OCCU  21f. LOCATION	200 AUTOPSY?  YES NO	206. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH?
	gove rise to immediate cause (a), stating the underlying cause last.  PART OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE (IFETTHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE	CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR CONTRIB	NSEQUENCE OF  NG TO DEATH BUT N  WHICH OPERATION  TH DAY YEAR  19	WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH? NO
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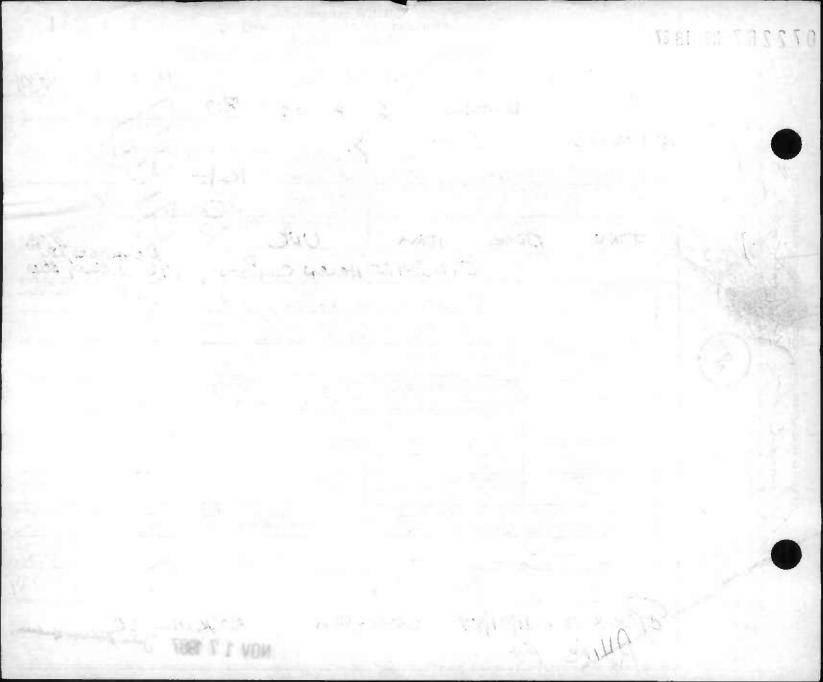
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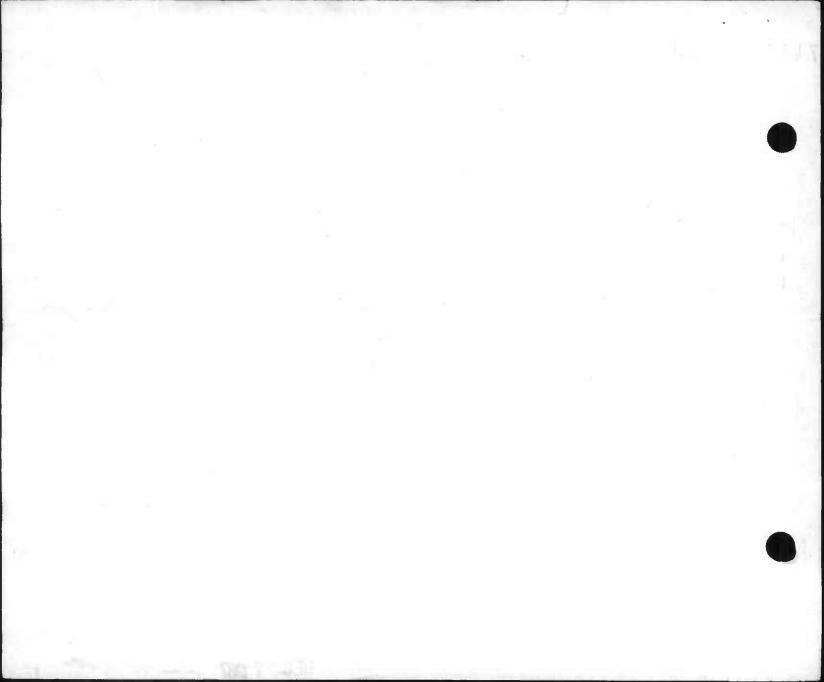
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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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6 <sup>1</sup> 87	FOR STATE REGISTRAR			EALTH AND MENTAL HY	GIEND /	3 3 4	0 3
1. DEC	CEASED NAME FIRST P	OE MIDDLE	MILLAR	AST	November		12:26 D M M
3. SEX	x	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT		
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	Clinton	11. NAME OF HOSPITA Southern		Hospital C	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF	working LIFE INDUS	N.O.S
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	Charles Wall	ace Milla	a kast	Edna	Louise MIDDLE S		LAST
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230 B	BURIAL, CREMATION, REMOVAL BUTIAL	23b. DATE 11/13/87		EMETERY OR CREMATORY  Irham Cemet	ery controls	ides, Mar	rylandstate

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Arehart Funeral Home, Incores, La Plata, Md. (VRA 15, 4)

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Marine Francisco Francisco

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

3

	EASED NAME	FIRST		MIDDLE	L	LAST	20 DATE OF DEATH	MONTH D	AY YEAR 26. HOUR
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	stria		U.S.A		WIDOWE		PRINCE	GAIL	RGES
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	LARGO		MANIC	1 1 1 1 1 1 1 1	ADDRESS	PROD	Homemaker	OF WORKING LIFE	Home
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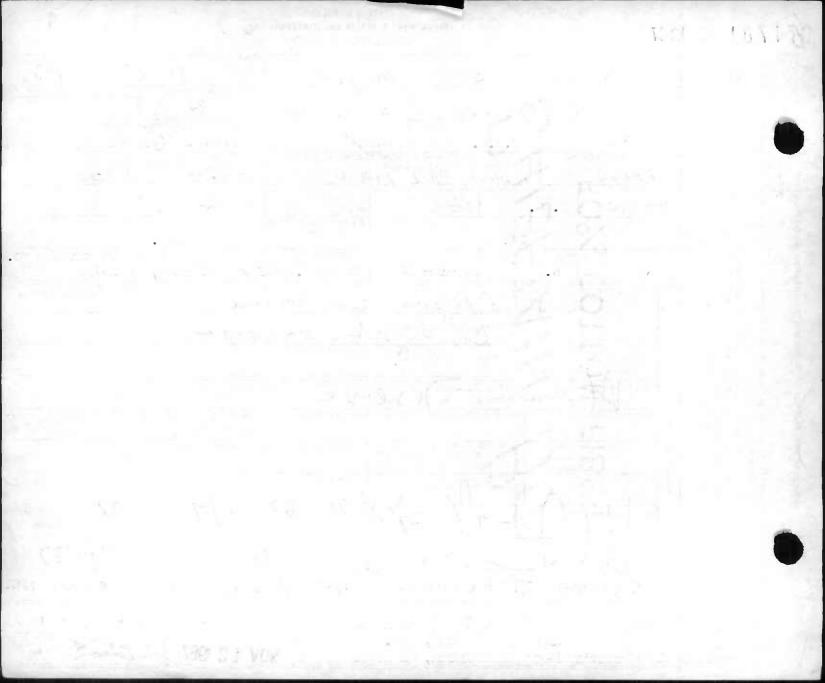
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remaye carbon appear with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

attending physicia

Old Alexander Ferry Rd Clinton, Md 20735

NOV 1 2 1987 Julia Dendon Pandalle



ly filled in by the funeral directar, page 3 should be filed within 72 hours after death

attending physi

should be detached for use as the burial-transit permit. Then please remaye carban paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remayal.

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please rem

etained by the haspital ar

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

**CERTIFICATE OF DEATH** 

3 REG NO

NOV 2	718	FOR 7STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	() () ).	64	, ,
		CEASED NAME FIRST	MIDDLE	į,	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	2h HOUR
	(TYPE	Effi∈	M.	Mil	ls	November 2	3, 198	37	7:15 P M
	3. SE	х	4. RACE	S. DATE O		6 AGE (IN YEARS LAST BIRT		F UNDER I YEAR	IF UNDER 24 HRS
		emale	Caucasian	Janua	ry 13 1966	78	YRS	ONTHS DAYS	HOURS MIN.
9/	7a. Bl	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
0		shington, D.C.	U.S.A.	WIDOWE	DIVORCED	Prince		e's	MD.
36	1	Clinton	11. NAME OF HOSPITAL, NUR  (IF NOT IN SUCH FACILITY, GIVE STA  Pineview Man	REET ADDRESS	R OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF Housewife	F WORKING LIFE)		F BUSINESS OR
Sept.	Mar		cother institution, give residence being 13c. City or Idea George Temp1	FORE ADMISSION) OWN e Hills		13. STREET ADDRESS 2302 Kirb	y Driv	ze 20 <b>7</b> 4	18
600	14. FA	John	MIDDLE Weisk	у	15. MOTHER'S MAIDEN NA/ Mary	MIDDLE A		Polar	id
medicol		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO	VE WAR OR DATEST		17. INFORMANT Ruby T. Jones	10091 Wash Laurel.	ingtor	and	
vent, the		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), ED BY: TE CAUSE (o)	com	YA.	•		BETWEEN	MATE INTERVAL ONSET AND DEATH
injury, ar ather traumatic event, the medical		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO OR AS A CONSE	OLIENCE OF	OJ BREA	Т			
injury, a	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	TO DEATH BUT	NOT RELATED TO THE TERM	inal disease or cont	DITION GIVE	N IN PART 1	2
Swar Z	CERTIFICATION	190 DATE OF OPERATION	1%. CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NOTE		WERE FINDING CAUSES	
Hem 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUS	Y IN ITEM 18 PAI	RT 1 OR PART 2)	
rkedar	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFH	CE FARM ETC )	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
21 is mo			ital) attended the deceased from	DA	nd that in (my) <del>(our)</del> apinion o	to Namb death occurred on the do			that (I) (we) lost causes stated
IT: If hem		27b. SIGNATURE	Mcelm		DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		11/2	SIGNED 24/87
MPORTANT: If them 21 is marked ar them 18 shows any		Gurbux H. Nac			27e ADDRESS 8926 Woodyan	d Rd.,#601,	Clint	ton, Mo	l.
_		BURIAL, CREMATION, REMOVAL (SPECIE) Burial	11/27/87	Resurre	EMETERY OR CREMATORY ection Cemeter	-			arylånd
1/81		uneral director George P. Kalas	ADDRES	55	Hill Rd. 250 DAT	25 1987	Julia L	ART SIGNAT	RE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) RONALD LEE 987 MILLS NOV EMBER 27 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS HINOM DAY YEAR White 1947 40 Male June 28. TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) West Virginia U.S.A. Prince George's County MD. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USNR Malcolm Grow USAF AS (TAR Camp Springs Cente Med. USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 113b COUNTY 13c. CITY OR TOWN 1 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Allentown Springsyes IX Rd./ Camp 7012 20748 Maryland .G. Co. NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Sharp Mills Helen Louise James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 236-72-5145 Dorthia Mills (Wife) Same as # Active Dutty APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: CARDIOPULMONARY ARREST PRESTON ST. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ACUTE ALCOHOL INTOXICATION Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF 201 W. underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) DIVISION OF VITAL RECORDS. CERTIFICATION 206. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES V NO YES | NO | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 26 NOV 22a. I certify that \* (this haspital) attended the deceased fram. 27 saw the deceased alive an 27 NOV above, (we) (did) (did view the bady after death 87 and that in (in (our) opinion death accurred on the date and hour and from the causes stated 22h 31GNAI DEGREE 22c. DATE SIGNED ATTENDING MEDICAL ld be deto M.D. DIRECTOR PHYSICIAN PHYSICIAN NOV 87 CREAMI DIL PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS DEFFERSON H. HARMON, CPT MALCOLM GROW USAF MED CEN MC AAFB 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN Springfield Cemetery Huntington, West Virginia Buria 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Chambers Funeral Home Silver Spring, Maryland

(VRA 15, 4)

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	FOR
-	STATE

## STATE OF MARYLAND DEPA

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RTMENT OF HEALTH AND MENTAL HYGIENES	1	13	3	24	U	0
CERTIFICATE OF DEATH	DEC	NO				

3 EDECE ASED NA						REG. NO			
	ME FIRST	MIDDLE	LA	NST.			MONTH	DAY YEAR	26 HOUR
YI PE OR PRINT)	MARY	В.	MU	RRAY		NOVEMBER	27	1987	3:05P
3. SEX	4	RACE	5. DATE O			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	
FEMALE		CAUCASIAN	OCTOB	ER 16	1896	91	YRS	MONTHS DAYS	HOURS MIN
70. BIRTHPLACE	STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	8.			9 BALTIMORE CITY O		Y OF DEATH	
NEW JERS		USA	WIDOWE		VORCED [			orge's	٨
Lanham	N OF DEATH	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET AMI Doctors Ho	ADDRESSI			120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O CO. HOUSEW	FWORKING		OF BUSINESS O
OSUAL RESIDENCE 130. STATE MARYLANI	W. COUNT	THER INSTITUTION GIVE RESIDENCE BEFOR	e admission) VN	13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS / 2010 LUZERN			20910
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	ED EVER IN U.S. ARM			17. INFORMA		ADDRE	554.60	4 QUIMB	
NO NO OR UNK		578-24-			J. MUR			, MD. 20	
18. CAUSE PART I.	OF DEATH (Enter only DEATH WAS CAUSED	one cause per line for (a) b), or BY:	1	word	0	Ingliand	0 .	APPRO) BETWEEN	CIMATE INTERVAL ONSET AND DEATH
	IMMEDIATE	DUE TO, OR AS A CONSEQU	,	1	0		1		
Conditions	, if any, which	( (b)	dio	- 0001	woli	y aus	F.		
	ta immediate the stating the cause last.	DUE TO, OR AS A CONSEQU	ENCE OF	V					
			~~~		~				
	HER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT I	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CONI	DITION G	IVEN IN PART 1	0
	HER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	yeu	time !	Jees	D 1 - A	20b. IF Y	ES, WERE FINDS	NGS USED
CERTIFICATION 19a DATE O	KIN L	196. CONDITION FOR WHICH	OFFRATION	was perfo	RMED	1 Carely 200 AUTOPSY?	20b. IF Y	ES, WERE FINDI IFYING CAUSES (ES ]	NGS USED S OF DEATH?
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TO PHYSIC	FOPERATION  IT WAS UNDERLYING	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE IN DITEMPLE) view the body ofter death.  27  VIEW the body ofter death.  23b. DATE  23c.	AY YEAR 19 FARM, ETC)	216 HOW IN 216 HOW IN 216 LOCATIC STREET 217 A 226 ADDRES 226 ADDRES	JURY OCCURRED  JURY OCCURRED  ON  19 27  (our) opinion d  ATTENDING OPHYSICIAN  S  OCCUPANT  S  OCCUPANT  OCCUPANT	200 AUTOPSY?  YES NO X  CITY OR TO  CITY OR TO  MEDICAL STAF  DIRECTOR PHYSIC  PK Rd	20b. IF YIN CERT	COUNTY  22C DATE  COUNTY	NGS USED S OF DEATH? NO  STATE  That (It (we) lo couses stated  2 8 7
19a DATE O  21a. ACCIDEN OR CONTRIBU (IF EITHER N 21d INJURY WHILE AT WORK 27d. I certify sow the obove, 72b. SIGNA  17d. PHYSIC  23a BURIAL, CREA (SPECIFY) BURIAL	FOPERATION  IT WAS UNDERLYING	19b. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE)  11) ottended the deceased from view the body ofter death.  27  PRINT)  23b. DATE  23c.	AY YEAR 19 FARM, ETC)  NAME OF CE	216 HOW IN 216 HOW IN 216 LOCATIC STREET 21 d that in (my) DEGREE 22e ADDRES	JURY OCCURRED  JURY OCCURRED  ON  19 27  (our) opinion d  ATTENDING OPHYSICIAN  S  OCCUPANT  S  OCCUPANT  OCCUPANT	200 AUTOPSY?  YES NO X  CITY OR TO  CITY OR TO  MEDICAL STAF  DIRECTOR PHYSIC  PL PA  23d. LOCATION CITY OR TOWN  BILVER SPR	20b. IF YIN ITEM IS	COUNTY  22C DATE  COUNTY	NGS USED S OF DEATH? NO  STATE  That (I) (we) lo couses stated SIGNED 28 7

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove carban papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

retained by the haspital or attending physician.

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DEC OS 1987 (LL Edward Line

Arlington, Va. 22206

**DHMH - 17** 

(VR A15 ME (5))

Chinn Funeral

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CERTIFICAT

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"If Health and Mental Hygiene prior ta burial,

urial-transit permit.

certificate has

FUNERAL DIRECTOR:

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should be detached far

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FOR - STATE 2 TREGISTRAR DECEASED NAME TYPE OR PRINT!

7a. BIRTHPLACE (S Wash. D

10 CITY OR TOWN

USUAL RESIDENCE 130. STATE Md.

4. FATHER'S NAME

160 WAS DECEASED

Lanham

3. SEX

STATE OF MARYLAND	100		-7	1.	
DEPARTMENT OF HEALTH AND MENTAL HYGIENES	/	(,)	67	design	
CEDTIFICATE OF DEATH					

STATE PREGISTRAR	DEPARIN	CERTIFICATE OF DEATH	REG. NO.	
CEASED NAME FIRST	MIGDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
Glori	a Marie	NATRN	November 24 1987	12.13PM
x	4 RACE	5. DATE OF BIRTH		
Female	White	0°6 t 2°3 1921	66 YRS	NTHS DAYS HOURS MIN.
IRTHPLACE (STATE OR FOREIGN Wash. D. C.,	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF Prince George	
NY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN  (IF NOT IN SUCH FACILITY, GIVE SUPER A  DOCTOR S HO	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR INDUSTRY
AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY G COTTEBE	Parkyes X NO	13e.STREET ADDRESS / ZIP CODE 5926 Bryn Maw	20/40 vr Road
ATHER'S NAME		15. MOTHER'S MAIDEN NA		
Alexander	Dellavall	e Della	MIDDLE	Bolti
NAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECUL 577 20	9056A Stephen B	hingd Hyperts Me	ier)
18 CAUSE OF DEATH LEnter D	nly one couse per line for the late one	how all	Ch - Parad	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSE	y one couse per line to the and ich the ord there core overyon	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, ORAS A GINSEQUENCE OF the walls	
PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART I (a

19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER)

71d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a.1 certify that (I) (this haspital) attended the personal from 87 sow veceosed alive on, and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated (we) (did) (did not)

12h SIGNATURE 27s DATE SIGNED

PRINCIAN PHYSICIAN 77e ADDRESS

7525 Greenway Center Dr., Greenbelt, Md.

James Harding M.D. 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial 11/30/87 Ft.Lincoln

Brentwood

Md".

PG

STATE

Hines/Rinaldi 11800 New ADD Hamp. Ave. S. S. M. d. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S BONATURE NOV 30 1987

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO SOLCE ASED NAME MIDDLE 2a DATE OF DEATH 2b. HOUR MARY LONGO 1987 NICASTRO NOVEMBER 11. 4:00P IF UNDER 1 YEAR 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE MONTH OCTOBER 8, 1900 CAUCASIAN FEMALE 9 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED SICILY USA WIDOWEDIX PRINCE GEORGES MD. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 9216 WOFFORD LANE FURRIER KAPLOWITZ COLLEGE PARK WOODS USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI BROTHERS 130. STATE 135 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN MARYLAND 9216 WOFFORD LANE 20740 PR GEORGES COLLEGE PARK 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME WOODS FIRST MIDDLE FIRST MIDDLE LAST MARIA ZITO ANTONINO LONGO ADDRESS 16b. SOCIAL SECURITY NO 17. INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES LYES. NO OR UNKNOWN 577-20-0089 NUNZIO A. NICASTRO/SON/SAME AS 13 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: NEumon IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 OR CONTRIBUTING T CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 1-1010 220.1 certify that (1) (this haspital) attended the deceased from, 11-10sow the deceased alive on, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 22d. PHI SICIAN'S DIAME (TIPE OF PRINT HONG TEE 3415 HAMTLTON STREET HYATTSVILLE. MARYLAND DR. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 235 DATE CITY OF TOWN |SPECIFY) NOV 14, 1987GATE OF HEAVEN CEMETERY SILVER SPRING MONTGOMERY MD BURIAL 24 FUNERAL DIRECTOR 250, DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE FRANCIS J. COLLINS, JR. 500 UNIVERSITY BLVD W SILVER SPRING, MD 20901

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL

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MPORTANT

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FRANCIST CASCH'S SONS SFUNERAL HOME, P. AMOUNT

4739 Baltimore Ave., Hyattsville, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 4 3 2 3 DEC -8 87 STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN X 1. DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED O'Neal 29 19 87 Barbara Ann IF UNDER 1 YR. IF UNDER 24 HRS 6. AGE (IN YEARS 2d HOUR 3. SEX 4 RACE DATE OF BIRTH DATE YEAR LAST BIRTHDAY) PRONOUNCED 7:03P DEAD 29 1987 22 1935 52 Aug Female. Caucasian 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington, D.C. WIDOWED X DIVORCED Prince George's County 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
Housewife OR INDUSTRY N/A 3701 Hamilton Street Hyattsville ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS Maryland 13d. INSIDE CITY LIMITS? Prince Georges Ryatts 111e 3701 Hamilton Street YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MEDICAL EXAMINER ALONG WITH FORMFAMED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND HEALTH AND MENTAL HYGIENE, DIVISION OF VITH CREMATION, OR REMOVAL. Sheeby Helen Patrick Sheeby 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I HE YES. GIVE WAR OR DATES! James O'Neal/12001 Green Ct/Glendale, Md Unknown CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Fatty liver DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION Arteriosclerotic cardiovascular disease 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? GBSN 28 AUTOPSY? DIVISION OF VITAL EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHE TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USE AFTER DEATH WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIOR TO BURIA YES X NO L 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH P.M 21e. PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN STATE WHILE AT WORK NOT WHILE AT WORK 22e I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Natural causes X death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) 11/30/87 Assistant SIGNATURE Mario F. Golle, Jr, .M.D. Balto.MD Penn St. ADDRESS 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE PG Cedar Hill Maryland Cremation Dec 3,1987 Suitland 07/84 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** J.B. Jenkins FH/7474 Landover Rd/Landover Md (VR A15 ME (5))

073398	idv	FOR STATE REGISTIAR	DEPARTA	STATE OF MARYL MENT OF HEALTH AND CERTIFICATE OF I	MENTAL HYGIENE	REG. NO.	3 4 1 5
oge 3 decth 3		CEASED NAME FIRST RICHARD	WIDDIE	Oliver	2a. DA	TE OF DEATH MONTH	20 87 7 M
pe 4 may coor, pop nafter d	3. SE		14. RACE Caucasian	S. DATE OF BIRTH  MONTH DAY  OCT 18	6. AGE 1957	(IN YEARS LAST BIRTHDAY)  30 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
1 10		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER		TIMORE CITY OR COUNT	YOF DEATH
1 84	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	IG HOME OR OTHER INS	TYPE O	WALOCCUPATION  F WORK FOR MOST OF WORKING!	126 KIND OF BUSINESS OR INDUSTRY
filled in mylid be	USU 130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136. CITY OR TOW	N 13d INSIDE	CITY LIMITS? 13e.STR	REET ADDRESS / ZIP COD	
X	2 14 F	ATHER'S NAME  Cay\ 2	MIDDLE LAST		'S MAIDEN NAME FIRST achael	WIDOFE	Capone
W			RMED FORCES? 16h. SOCIAL SECU NE WAR OR DATES) 216-58	Car	AT A Olive	er ADDRESS Laurel, MD	
physical physical propers moval event, the		PART I. DEATH WAS CAUS	inly ane cause per line lar (a), (b), and ED BY: (TE CAUSE (a), Respirat	Taile			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth ce attending nove corba atian, or re troumatice		Canditions, if ony, which	DUE TO, OR AS A CONSEQUE				4 days
s that the deoth ced by the attendingleose remove corbinal, cremation, or or ather troumatic		gove rise to immediate cause (o), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF Syndrom	e_		21 yrs.
equiree n signe Then p to bu	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO E		D TO THE TERMINAL DI	SEASE OR CONDITION G	IVEN IN PART 110
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFO	ORMED 20a YES	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \text{NO} \)
IG PHYSICIAN: The lo attending physician. ter this certificate hos s the burial-transit per nand Mental Hygiene nand Mem 18 shows g	46	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		YEAR 19	NJURY OCCURRED (EN	ITER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
JING PHYSICIA or attending pla After this certife e as the borial-tith and Mental norked or Item	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATE STREE		CITY OR TOWN	COUNTY STATE
TTENDI pital or TOR: A for use of Heol		saw the deceased alive a	n 19 attended the deceased from 19 at) view the bady after death.	, ond that in (my	, 19 ×7 , ta, ) (aur) opinian death oc	curred an the date and ha	our and from the couses stated
OR DIRE Dept		226. SIGNATURE	4.0		ATTENDING MEDI		221. DATE SIGNED
HOSPITAL ned by th FUNERAL old be detail the State of State of State of the State o		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRE	ss () \ (A)	W Pal T	)v. # 223 Laurel,

231. NAME OF CEMETERY OR CREMATORY

20707

23d. LOCATION CITY OR TOWN

St Mary's Cemetery Laurel PG 1256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

23b. DATE

7601 Sandy Spring Rd Laurel MD

11/23/87

Letter 1 to 100 P. S. Control May 2.7 1987 July 2.7 1987

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21401

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**CERTIFICATE OF DEATH** 

	5	3	4	1	0
NO.					

19	87	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 4	
		CEASED NAME	FIRST	MIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
	(TYPE	OR PRINT)	ARTHUR	OV	WENS		11-	-06-87	6.08A M
	3. SE)	x )	4 RACE		S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		male	B	laeic	MONTH	23 24	63	MONTHS DAYS	HOURS MIN.
-7	7a. BI	RTHPLACE (STATE OR FOI	REIGN 7b. CITIZ	EN OF WHAT COUNTR'	Y? 8.		9 BALTIMORE CITY OR COU		
1		South Care	olina	USA	WIDOWE	NEVER MARRIED DIVORCED D	PRINCE GEORGE		MD
4		TY OR TOWN OF DEATH		ME OF HOSPITAL, NURS			120. USUAL OCCUPATION  (1YPE OF WORK FOR MOST OF WORKIN  Maintenanc	12b. KIND O INDUSTRY E GO	F BUSINESS OR
5	13a. S	at RESIDENCE (IF NURSING STATE 1).	G HOME OR OTHER INS 3b COUNTY PG	13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO		ia Way
1	14. FA	THER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA/	ME MIDDLE	LAS	
0	W:	illie Owe	n	LASI		Arcenia I	Byrd	LA-3	
	16a. V	VAS DECEASED EVER IN			CURITY NO.	17 INFORMANT	ADDRESS		
1		AEZ PO PHYKHOMU)	(IF YES, GIVE WAR OR )	577 30	5413	Mack Owen	s-son-11009	Mount L	ubentia
	CERTIFICATION		FICANT CONDITI		O DEATH BUT	l bleed		YES, WERE FINDIN	NGS USED
	E				The state of the s		YES NOTE IN CE	RTIFYING CAUSES YES []	NO [
G		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH HO	TIME OF INJURY DUR	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART   OR PART 2}	
1	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D 21s.	PLACE OF INJURY	E. Falle, \$70.1	III LOCALION	CITY OR TOWN	COUNTY	STATE
				nded the deceased from  1 5-19  ne body after death.	0 -	1/- /-, 19 8 7 and that in (my) (our) opinion	death accurred on the date and	hour and from the	
		14.7	allwal				MEDICAL STAFF DIRECTOR PHYSICIAN	10-6	SIGNED
1		NAR (NOE		DHALIW	ar	P. G. C. H. X	M-c; CHEVERY	-Y, MD, 2	6770
	В	BURIAL, CREMATION, RI Urial	100	COT-	987 I		ria1"Cemeter		
84		tewart Bu	nersy r	lome-40 by	Benni	ng Road, NE	ONE OF BABECHES 452 SE	HSTRARIE STONAT	TURE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician should be detached for use as the buriok-transit permit. Then please remove carbon popers. Powith the State Dept. of Health and Mental Hygiene prior ta burial, crematian, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

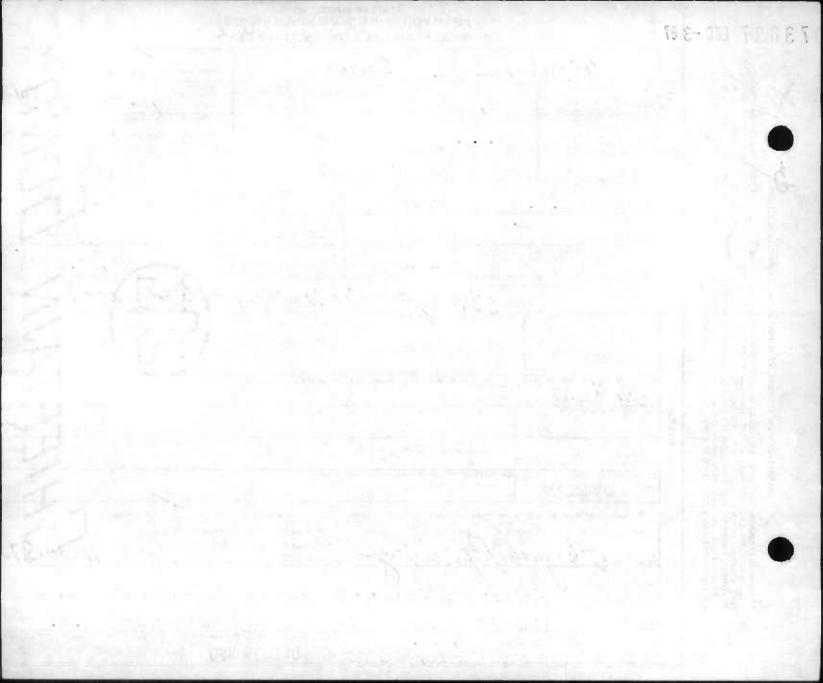
retained by the haspital or attending physician.

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### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 3 4 1 7

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REG	NO		

		REGISTRAR		IVIL	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH	REG. NO.	
		CEASED NAME	FIRST		MIDDLE	Wens	2a DATE OF	ESTI-	DAY YEAR 26. HOUR
URS URS EET,		- II RACI		mena	C.			MATED 11-3	0 19 8/ M
HOURS NEET,	3. SEX	male Blace		DATE OF BIRTH DAY	1911 6. AĞE (IN YEAR LAST BIRTHDAY) 76 YRS	S IF UNDER 1 YR. IF UNDER MONTHS DAYS HOURS	R 24 HRS. 2c. DATE MIN PRONOUN DEAD	ICED 7	0 1987 20 M
過かり		RTHPLACE (STATE OR		CITIZEN OF WI		MARRIED   NEVER MAR	RIED 9 BALTIM	ORE CITY OR COUNT	Y OF DEATH
1		outh Carol	ina	U.S.	A		CED   Prin	ce George':	
72		TY OR TOWN OF DEA Linton	ATH 1	HE NOT IN SUCH FA	PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS)  n Maryland H		FOR MOST OF WOR Homemake	PATION (TYPE OF WORK IKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY Home
9<	ISUAL RESIDENCE (IF IN NURSING HOME OF 136 STATE 136 COUN P. (				VE RESIDENCE BEFORE ADMISSION 13c CITY OR TOWN Clinton	13d. INSIDE CITY LIMITS? YES \( \text{NO } \text{NO } \text{E}	30 STREET ADDRE	onnegan Dri	ve 20735
7	14. FA	THER'S NAME FIRST ISSAC	,	MIDDLE	Caldwell	15. MOTHER'S MAI Florence	DEN NAME	NDDLE	Keels
1		VAS DECEASED EVER ES, NO, OR UNKNOWN) NO	IN U.S. ARME IF YES, GIVE WA N/A		166. SOCIAL SECURITY 1 243-30-7879		Owens		Gallaway Dr., Md. 20745
RANSIT P TAL HYG		Canditions, if a		1					
EMATION, OR	N	cause (a) stating lying cause last.	the <u>under</u> -	(c)	AS A CONSEQUENCE OF	EL DISEASE OR CONDITION GIVEN IN	PART 1 (g).	ni/	- 572 1-40
, Carried Co.	IFICATION	cause (a) stating lying cause last.	the under-	(c)		AL DISEASE OR CONDITION GIVEN IN	PART 1 (a).		20 AUTOPSY?
RIAL, CREMATION,	CAL CERTIFICATION	cause (a) stating lying cause last.  PART 2 OTHER SIGNIEU AN	T CONDITIONS CON	(c)  ITRIBUTING TO DEATH  19b. CONDITION 21b. TIME OI HOUR A.M	BUT NOT RELATED TO THE TERMIN TION FOR WHICH OPERA FINJURY L. MONTH DAY YEAR	AL DISEASE OR CONDITION GIVEN IN		JURY IN ITEM 18 PART 1 OR PAR	YES NO S
RIAL, CREMATION,	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERA  21a. EXTERNAL CAUS  UNDERLYING CONTRIBUTING CONTRIBU	T (ONDITIONS (ON ATTION )  SE WAS DR CAUSE OF DEA	(c)  ITRIBUTING TO DEATH  19b. COND!  21b. TIME OI HOUR A.M ATH P.M 21e PLACE (	BUT NOT RELATED TO THE TERMIN TION FOR WHICH OPERA FINJURY L. MONTH DAY YEAR	AL DISEASE OR CONDITION GIVEN IN			YES NO T
AS A BURIAL EALTH AND ME CREMATION,	-	PART 2 OTHER SIGNIFICAN  190. DATE OF OPERA  210. EXTERNAL CAU: UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBU	T CONDITIONS CON  T CONDITIONS CON  SE WAS  OR CAUSE OF DEA  RED  WHILE ORK  I taak charge of  Notural	19b. CONDI- 21b. TIME OI HOUR A.M 21c PLACE STREET, FAC.	BUT NOT RELATED TO THE TERMIN  TION FOR WHICH OPERA  FINJURY  MONTH DAY YEAR  19  OF INJURY THE HOME,  TORY, FARM, ETC.)  RODRING DAY  RODRING SUICE  RODRING MACCIDENT SUICE  RODRING MACCIDENT SUICE  RODRING MACCIDENT MACCIDEN	AL DISEASE OR CONDITION GIVEN IN  TION WAS PERFORMED?  21c HOW INJURY OCCUR!  21l LOCATION STREET  Autapsy	CITY OR TON  Inquiry  Undetermined mo	and in my api	YES NO STATE  INTY STATE
WITH THE STATE DEPARTMENT OF HEALTH AND ME ARYLAND, 21201 PRIOR TO BURIAL, CREMATION,	WEDICAL MEDICAL	PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  1190. DATE OF OPERA  210. EXTERNAL CAUS UNDERLYING CONTRIBUTING 21d INJURY OCCURT WHILE AT WORK  220. I certify that I death resulted from  EXAMINER'S NAME	T (ONDITIONS CON ATION  SE WAS OR AUSE OF DE, RED WHILE ORK I taak charge of Natural  Augu  EMOVAL 23b.	19b. CONDITION TIME OF HOUR A.M. 21b. TIME OF HOUR A.M. 21c. PLACE of the remains descouses	BUT NOT RELATED TO THE TERMIN  FINJURY  MONTH DAY YEAR  19  DE INJURY THE HOME, TORY, FARM, ETC.)  RODRING DAY, SUICE  RODRING DAY  236. NAME OF CEMI	AL DISEASE OR CONDITION GIVEN IN  TION WAS PERFORMED?  211 HOW INJURY OCCURI  211 LOCATION STREET  Autapsy Inspect de, Hamicide TITLE (SPECIFY) M.D. Deputy	CITY OR TON  Inquiry  Undetermined mo  MEDICAL EXAM  Rayburn C  134 LOCATION	and in my api	YES NO F



### FOR - STATE REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN Mary OF Catherine DEATH MATED 4. RACE IF UNDER 24 HRS DATE (AST BIRTHDAY) SUR PRONOUNCED 20 67 DEAD 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Indiana USA Prince George WIDOWED [ DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife Camp Springs Malcolm Grow Medical Center PSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 13e STREET ADDRESS 130 STATE 136. COUNTY 13d. INSIDE CITY LIMITS? Camp Springs Maryland Pr. George YESXX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE E Martin Martha Kain 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 315-10-1833 no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH CONTRIBUTIONS AND STANDING BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST radiation Conditions, if any, which gove rise to immediate cause (a) stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN

OR INDUSTRY At home 5900 Aley Rd/20748 Dilliman ADDRESS Ralph J. Palmer, Sr. same as item 13 BETWEEN ONSET AND DEATH 20 AUTOPSY? YES 🗌 NO F STATE COUNTY Inspection Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct , Temple Hills, MD 23d. LOCATION STATE Suitland Md Trindens Rondelles

17b KIND OF BUSINESS

07/84 2544

> DHMH - 17 (VR A15 ME (5))

BURTAL 11/6/87 24 FUNERAL DIRECTOR

23g BURIAL, CREMATION, REMOVAL 23b, DATE

(TYPE OR PRINT)

death resulted from:

CEDAR HILL CEMETERY

Autopsy

Homicide

Deputy

STATE OF MARYLAND

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

Augusto P. Rodriguez. M.D.

220. I certify that I taak charge of the remains described above, held an

Natural couses

THE R. P. LEWIS CO., LANSING, MICH. LANSING, MICH.

4739 Balitmore Avenue Hyattsville, Md. 20781

(VR A15 ME (5))

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Model Maker-Ret. Fed. Gov't. 20748 3403 Leslie Avenue Newland Dorothy P. Marinari 4603 Ballad Dr. Washington APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 07 and that in (my) (our) apinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN 11/9/87 Philip 6188 Oxon Hill Rd., Oxon Hill, Md. Wisotsky, M.D. 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OF TOWN Burial 11/11/87 Suitland P.G. Cedar Hill Cemetery Maryland ADDRES 160 Oxon Hill Rasse DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Oxon Hill. Md. George P. Kalas Funeral Home

STATE OF MARYLAND

2h HOUR

176 KIND OF BUSINESS OR

IF UNDER I YEAR

11:45Pm

IF UNDER 24 HRS

DHMH - 16 50M 1/81 (VRA 15, 4)

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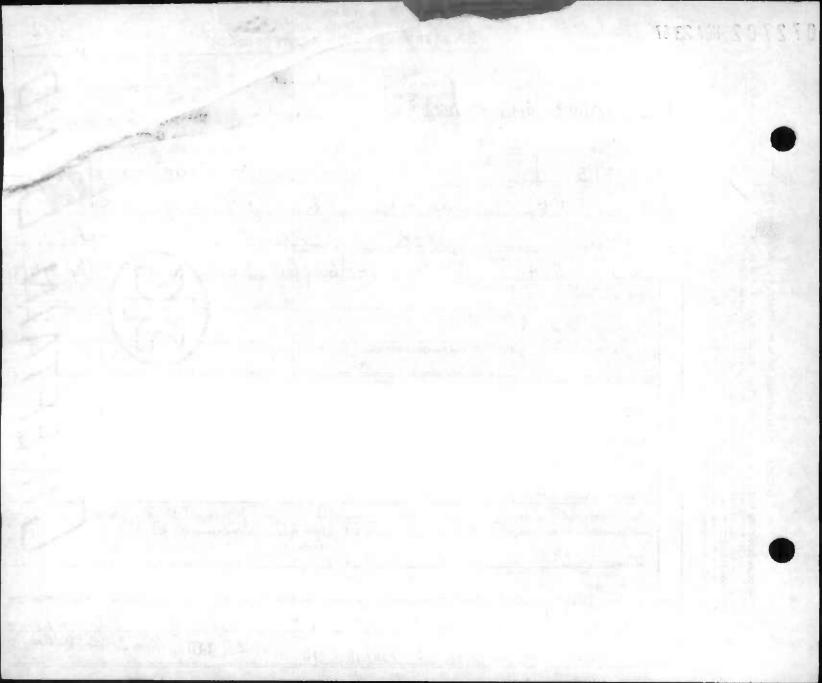
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- 1	DEC	STRAR EASED NAM	E	FIRST	ar nome	MIDDLE		1	AST			2a DATE	KNOWN	, NO.	ONTH	DAY	YEAR	2b HOUR
	(TIPE	OR PRINT)		Faye		Eller	3	D	arson		r	OF DEATH	ESTI- MATED		11	/9 19	87	
1	SEX		4. RACE		DATE OF BIRT		6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER 2	4 HRS.	2c. DAT		M	НТИС	DAY	YEAR	24 HOUR
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	n. BIR	THPLACE (S	TATE OR		b. CITIZEN OF	WHAT COUN		8				9. BALTIA	MORE CIT	Y OR C	OUNTY			F. M
1		inneso	ta		United	State	0.0	WIDOWE		'ER MARRIE DIVORCEI	-			_				
1		Y OR TOWN		ī	1. NAME OF HO	OSPITAL, NU	RSING HOME		-		12a USI	IAI OCCI	nce UPATION	LIVEE OF	WORK 1	5 COT 26 KIND OR IN	OF BUS	INESS
	IIm	per Ma	n7ham		18509			Dad	Pon	۵	See	nost of wo	RKING LIFE)	t		OR IN		Υ
L	SUAL	RESIDENCE	(IF IN NURSIN	IG HOME OR C	THER INSTITUTION,	GIVE RESIDENCE		ON)			-					lniv.	01	Md
ш	o. ST.			COUNTY	a		ORTOWN		YES _			EET ADDR			Ro	ad	07	70
IJ		ryland		ince	George '	SIUDDE	er Marl	boro		NO 🔀		209 6	ueen	Ann	e D	rive	. /	100
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1		AS DECEASE	Edw D EVER IN		D FORCES?		IAL SECURIT	nner	17. INFORM				ADDR		FOLL	001		
ĺ	(YES	NO, OR UNKNO	OWN) (IF	YES, GIVE WA	R OR DATES)		-22-74			ra E.	011	anian			c 11.	13		
	T		E DEATH /	5-4				alo T	2012 00	PAL CA 123 6	0 1	Y TCII	, Da	uic a	10 W.		XIMATEI	ALTE DV
ŀ		PARTIDE	ATH WAS	CAUSED B	ane cause per li SY;											BETWEEN	ONSET	AND DEATH
			IA	MEDIATE			myocar		alses	ise.								
		Conditio	ns, if any	which	DUE TO, C	OR AS A CON	ISEOUENCE (	OF										
Ł		gave ri	se to im	mediate	(b)													
ı		lying cas	stating the use last.	under-	DUE TO, C	R AS A CON	ISEOUENCE (	OF										
L					(c)						1							
		PART 2 DIHER S	GNIFICANT CD	NDITIDNS CON	TRIBUTING TO DEAT	N BUT NOT RELA	TED TO THE TERM	INAL DISEASE	DR CONDITION	GIVEN IN PART	l lo							
	9	No																
	MEDICAL CERTIFICATION	190. DATE OF	OPERATIO	N	19b. CONE	DITION FOR	WHICH OPER	ATION WA	S PERFORM	AED?						20 AUTO	OPSY?	
	E	No	ne													YES		NO X
	8	210. EXTERNA		WAS	11b. TIME O	M. MONTH	DAY YEAR	21c HO	W INJURY (	OCCURRED	ENTERN	ATURE OF IN	YJURY IN ITEA	A 18 PART 1	OR PART	2)		
	CAL	CONTRIBUTI	NG CAL		ATH P.	м,	19	No	ne									
	AED.	WHILE			21e PLACE STREET, FA	OF INJURY	(AT HOME,	211. LOC	ATION			CITY OR TO	)WN		COUN	TV		STATE
	4	AT WORK	NOT WE	K		, ressent, E		311				CITTORIC	~ ***I*		COUN	11		STAIL
					of the remains d	escribed ab-	ve held	Autapsy		Inspection	Y	les						
		death result			Tard .				10,000 - 0			Inquiry		and in	my opin	ion		
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100	_	TYPE OF PE			n S. Ro			-			_		MOH	tgom	ery	Cour	ity,	M
2	_	RIAL, CREMA	TION, REM	OVAL 23b.	DATE	23c. N	AME OF CEA	AETERY OR	CREMATO	RY	23d. LO	CATION						
	Bo. BUI	RIAL, CREMA	natio	OVAL 236.	DATE OV.12,1	987 M	IAME OF CEA	METERY OR	Cremator Crem	RY atory	23d. LO	CATION PRIOWN exan	dria	,Fai	county ria;	x,Vi		
	Bo. BUI	RIAL, CREMA	natio	OVAL 236.	DATE	987 M	IAME OF CEA	METERY OR	Cremator Crem	RY	23d. LO	CATION PRIOWN <b>EXA</b> N REGISTRA	dria	, Fai	ria:	x,Vi	rgin	

marse. Hall Bill enter mit of the barrier of the barrier minec Horas ' Horas Har Determination 10500 them interthe control of the co WARE THE THE WAR Acusan in certified mineage. dan b. Mar re, ....

Tanalago and the West of a VOII

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 072702 NOV 23 8 FRATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME O DATE KNOWN X MONTH DAY 26 HOUR (TYPE OR PRINT) ANY DELAY IS NECESSARY, PLEASE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS TA RECORDS, 201 W. PRESTON STREET, OF SAMUEL PEEK WILLIE DEATH MATED 11-13-87 4. RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS SEX PROPATE 2d HOUR DAY YEAR LAST BIRTHDAY) DEADCED 11-13-87 82 lac 2:44 9 BALTIMORE TITY 7a. BIRTHPLACE UNTY OF DEATH MARRIED NEVER MARRIED EOREIGN COUNTRY Georgia DIVORCED WIDOWED OR TOWN OF DEATH OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Marlboro onstruc 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME MIDDLE MIDDLE FIRST ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO (YES, NO. OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 201 W. PRESTON ST., BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOW EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSECUTE Canditians, if ony, which gave rise to immediate DUE TO. OR AS A CONSEQUENCE OF cause (a) stating the under lying couse lost DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY STATE AT WORK WHILE NOT WHILE AT WORK 220. I certify that I look charge of the semains described above, held an Autopsy Inspection and in my opinion death resulted from Militural cause: cident Undetermined manner TITLE (SPECIFY) 11-14-87 Assistant DATE ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Penn Street (TYPE OR PRINT) Kokes. M.D. ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE OR CREMATORY 07/84 20 1987 25M 25a. DATE REC 256. RIGISTRARIS SIGNATURE 24 EUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))



DHMH - 16 60M 7/84

74699

(VRA 15, 4) 6633 Old Alexander Ferry Rd Clinton, Md 20735

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	01	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
		CEASED NAME FIRST	N	NIDDLE	· · ·	AST	2a. D.A	TE OF DEATH		DAY YEAR	26 HOUR	
	(mee)	(TYPE OR PRINT) SERCAN				PENROD		NOVEME	RER 6	1987	3.30n M	
	3. SEX			S. DATE O		OF BIRTH	6 AGE	(IN YEARS LAST BIRT		FUNDER I YEAR		
	. I	Female Cauca		ucasian M		May 5, 1940			YRS.	MONTHS DAYS	HOURS MIN.	
1	70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHA			WHAT COUNTRY?	AT COUNTRY? 8 MARRIED XX NEVER MARRIED			9. BALTIMORE CITY OR COUNTY OF DEATH				
	Ţw	rkey	U.S.A.	WIDOW		D DNORCED		Prince George's			MU.	
7	Car	Camp Springs   11. NAME OF HOSPITAL, NURSING CAMP Springs   Malcolm Grow Ho						Agriculture Eng. 12b. Kind of Business or Turkey Govt.				
1	13a. S	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR 10. STATE 131 COUNTY North Carolina Wake Raleigh			VN	13d INSIDE CITY LIMITS? 13a.STREET ADDRES			s / ZIP CODE 27619			
	PS. FA	THER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN	NAME	MIDDLE		LA		
7		Rasim		Iz		Muffazei	r				Unk	
う	16a W	VAS DECEASED EVER IN U.S. AR. (15 yes, no orunknown) (15 yes, giv	479-84-		Willard Pe	enrod	rod Same as 13 A-E					
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and									APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	1	PARTI DEATH WAS CAUSED BY:  OGG IMMEDIATE CAUSE (a) Extensive (70%) 3rd Degree Burns and 20% 2nd							d 11	Davs		
		DUE TO, OR AS A CONSEQUENCE OF Degree Burns										
		Conditions, if any, which	( (b)									
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF									
		underlying couse last.	( (c)_									
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	일						Lan	Ton AUTODON'S TON IE VES I			WERE CHIERLICS	
	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR			R WHICH OPERATION WAS PERFORMED			IN CERTIFYII			WERE FINDINGS USED NG CAUSES OF DEATH?	
-	ER	21g. ACCIDENT WAS UNDERLYING	216 TIME OF	F IN ILIRY		121/ HOW IN ILIPY OC	CUPPED (c			ES	NO 🗌	
		21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH OUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)										
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	19	19 211 LOCATION								
	WEI	WHILE NOT WHILE TO (AT HOME, STREET, FACTORY, OFFICE, FA			FARM, ETC.)	STREET		CITY OR TOWN		COUNTY	COUNTY STATE	
f		270.1 certify that (I) (the begatal) attended the deceased from 6 NDV 19.87, to 6 NOV 19.87, that (I)										
à		sow the deceased alive an 6 NOV 19 87 and that in (my) and opinion death occurred on the date and hour and from the causes state										
7		obove, (I) (well (did) (did set) view the body ofter depth.  22b. SIGNATURE  DEGREE								22¢ DATE SIGNED		
		V. K. Lachelo-a. M. D. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D						6 NO	6 NOV 87			
		22d PHYSICIAN'S NAME (TYPE OR PRINT)  22d ADDRESS  Malcolm Grow USAF								Wed Cen		
		VINOD K. SACHDEVA, MD, MAJ, USAF, MC, FS Andrews AFB, MD 20331-5300										
	23a B	URIAL, CREMATION, REMOVAL	METERY OR CREMATORY 23d LOCATION				STATE					
	Bu	rial	11/16/		- min	ka FH & Cem		ıkara	11	Turkey	7	
	24. FU	INERAL DIRECTOR Lee I	uneral	Home In	nc.	25a	DATE REC'E	BY REGISTRAR	25b. REGIS	mad B		
3	33 Old Alexander Ferry Rd Clinton, Md 20735 NOV 12 1987 " Dander Lundal											

MBSL ZT AGN

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

3 4 **CERTIFICATE OF DEATH** 

871 - FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 4 2 4
1 DECEASED NAM	ALBER	MIDDLE F.		PERKINS	20. DATE OF DEATH MONTH	16-1987 9 98
3 SEX Male		RACE Saucasian	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 82	IF UNDER 1 YEAR IF UNDER 24 HR
70. BIRTHPLACE COUNTRY Washing		CITIZEN OF WHAT COUNTRY U.S.A.	(2 8	D NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
Clinto	OF DEATH	NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME C		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Fire Inspector	12b. KIND OF BUSINESS C
USUAL RESIDENCE 130. STATE Maryland	13b COUNTY	George Suitla:	WN	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 2523 Shadyside	20746 Ave.
14 FATHER'S NAM	eis A.	Perki		15 MOTHER'S MAIDEN NAM Georga	Anna	King
160 WAS DECEAS (YES, NO OR UNKN	ED EVER IN U.S. ARME IOWN) (IF YES, GIVE W.			Ronald F. Pe	ADDRESS Prkins 5400 Robl Ppper Mar	ee Dr. Iboro, Md.
18. CAUSE C	DEATH (Enter only of EATH WAS CAUSED B IMMEDIATE C	ine cause per line far (a), (b), c Y: AUSE (a)	E PL	elusovary	EDEUNA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
cause (a) underlying PART 2. OTI		DUE TO, OR AS A CONSEQ (c) DIRECTO (c) DIRECTO (c) DIRECTOR ON TRIBUTING TO	UENCE OF	PRIOSCLEIROTTO	HEART FAILU CARDIO-VAS INAL DISEASE OF CONTRACTOR	10 Cyrs
SIGN ACCIDEN	OPERATION	196. CONDITION FOR WHICE	H OPERATIO	N WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
	T WAS UNDERLYING LINE CAUSE OF DEATH OTHER MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM )	PARI LORPASI 2
THE STATE OF CONTRIBUTION OF C	OCCURRED  NOT WHITE TO AT WORK	21e PLACE OF INJURY	TARM ETC)	21f. LOCATION	CITY OR TOWN	COUNTY STATE
saw the	deceased alive an l) <del>(we</del> ) (did) (d <del>.d., ot</del> ) v	attended the deceased from 19 19 19 19	0 -	d that in (my) ( and apinion o	eath accurred an the date and h	
22b. SIGNA	URE	1 6	1	PEGREEN		220. DATE SIGNED
	u lla	Scarr 1	7 11	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/16/87
22d. PHYSIC	AN'S NAME (TYPE OR PR	SHAVER-	TR.	ATTENDING PHYSICIAN PARTIES PISC	MEDICAL STAFF DIRECTOR PHYSICIAN PROPERTY IN	11/16/87 D-CLUHN AND 2073
AR	AN'S NAME (TYPE OR PR	SHAVER-	NAME OF C	PHYSICIAN S	MEDICAL STAFF DIRECTOR PHYSICIAN    24 TAWAY 12  23d. LOCATION  Suitland	1)/6/87 D-CL/14/0 AHD 2073 P.G. Marylän

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

should be detached for use as the burial-transit permit. Then please remore cont with the State Dept. of Health and Mental Hygiene prior to furnial, crimation, or

- MOV 18 1887 .... School -

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7 3 0 5 4 NOV 25

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-	- STATE REGISTRAR			VEFAKIN		ICATE OF DEATH	REG. N	0		
	1. DECEASED NAME	JOHN	AL	BERT		PERKINS	November	17,	1987	2: 30 A
	3. SEX		4 RACE		5 DATE C		& AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		Caucasia	n	Febr	uary^`10, ' <b>`1</b> '917	7 70	YRS.	MONTHS DAYS	MOURS MIN.
1	70. BIRTHPLACE (STATE Washington	or FOREIGN	. U.S.A		8. MARRIE WIDOWE	D X NEVER MARRIED D	Prince Ge	adem-		MI
5	Bladensbu	rg	4410 74tl	h Avenu	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATION OF COMMON TO CO		126 KIND O	F BUSINESS OR ad
200	USUAL RESIDENCE (IF IS 130 STATE Maryland	P.G.	VITY II:	LE CITY OR TOWN	N	130 INSIDE CITY LIMITS? YES NO [	13. SIREET ADDRESS 4406 53rd	Plac	e 20710	)
1	rather's NAME Charl	les	Albert	Perl	kins	Ruth	ME		Sar	nds
	Yes. NO OF UNKNOWN		E WAR OR DATES	19-01-25		Richard W. F	Perkins (Sol		ame as	#13
1		H WAS CAUSE	ily one couse per lir D BY; FE CAUSE (a)	Ledden	Ca	dac an	est		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
		immediate rating the suse last	DUE TO, OR A	AS A CONSEQUE The d AS A CONSEQUE	HELD ANTED	Congestin R	cart faile	4		
						NOT RELATED TO THE TERM	INAL DISEASE OR CON		IVEN IN PART 110	
	RTIFIC		0		OPERATIO		YES NOX	IN CERT	IFYING CAUSES	
	ACCIDENT WAS	UNDERLYING	TIME OF I	INJURY	V VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	

ACCIDENT WAS UNDERLYING AME OF INJURY
OR CONTRIBUTING AME OF DEATH AME OF INJURY
(# EITHER NOTIFY MEDICAL EXAMINER)

216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART LOR PART 2)

216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART LOR PART 2)

216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART LOR PART 2)

216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART LOR PART 2)

216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART LOR PART 2)

216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART LOR PART 2)

217. STREET (ITY OR TOWN COUNTY STATE

218. CERTIFY that (I) (this haspital) oftended the deceased from 19 that (I) (we) let

22a. certify that (I) (this hospital) attended the deceased from DCT 19 that (I) (we) I sow the deceased alive an 19 ond that in (my) (our) opinion death occurred an the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11-17-87

Robert J. Gereige 220 ADDRESS

4410 74th Ave., Landover Hills, Md. 20784

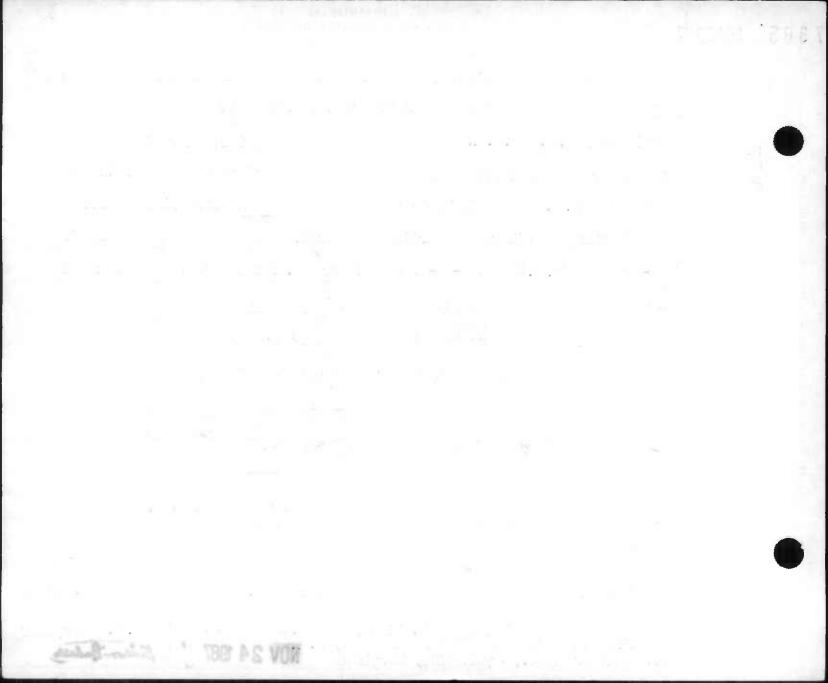
236 BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN COUNTY STATE

Burial 11/19/87 Ft. Lincoln Cemetery Brentwood P.G. Marylan PRANCIS GASCH'S SONS FUNERAL HOME, P. WOV 24 1987 AND A SOURCE STRANSSIC SONS FUNERAL HOME, P. WOV 24 1987

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, should be detached for us with the State Dept. of He, MPORTANT: If Item 21 is us

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE EGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN Zh HOUR (TYPE OR PRINT) OF ESTI-FFAL DIRECTOR. YOUR FILES. MIN 72 HOURS N/M/N DEATH MATED AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 48yrs 12-20-1938 DEAD 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR OR COUNTY OF DEATH NEVER MARRIED EOREIGN COUNTRY Maryland USA Prince George's WIDOWED [ DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS HspBrick Mason Cheverly George's General Construction UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e. STREET ADDRESS | 4 E. Hawthorne Dr./20646 La Plata Charles Maryland **€ATHER'S NAME** 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Archie Pickeral Pickeral Box 824 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO. OR UNKNOWN) 1957-1960 Waldorf, Md. 215-45-5131 Pickeral ves 18. CAUSE OF DEATH (Enter anly one cause per line for, (a), (b), and (c). TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. BREGG 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 198. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO Z 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY 21d INJURY OCCURRED (AT HOME, 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 228. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Accident Undetermined manner Suicide Hamicide ACTUAL SIGNATURE EXAMINER'S NA 23e BURIAL, CREMATION, REMOVAL 23b. DATE Buria Cheltenham 11-12-87 Md Geo. Md. erans 07/B4 24 FUNERAL DIRECTOR Box 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Funeral Home Waldorf, Md. 20601 NOV (VR A15 ME (5))

Diesel Millery

## STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

200	U	Street, or	dia.	-

70000	10	REGISTRAR			REG. NO.	
3267 NOV	27	CRAYED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
and and		Frank	P.	Pirrone	November 20, 19	87 M
1 2	1.58	×	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS. NIHS DAYS HOURS MIN
# 00 B		Male	Caucasian		912 75 YRS	
4 40		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	RARRIED NEVERMAR	9 BALTIMORE CITY OR COUNTY O	FDEATH
1 15 6	N	ashington, D.C.	U.S.A.		RCED   Prince Georges	MD
1 11 20	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		TION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
TO THE STATE OF		mp Springs	7101 Old Branc		Repairman	Shoe
1 4 4 7	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 130. CITY OR TO		LIMITS? 136 STREET ADDRESS / ZIP CODE	March
2 11 1	Ма	ryland Pr. (	Georges Suitlan		3419 Randall Roa	d do The
mic. An	14. FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MA	AIDEN NAME	LAST
1/100	10	Antonio	Pirror	ne Vice	enezina	Pirrone
		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	7101 TassBranc	h Avenue
10 1		No	577-03-	-1842 Joyce S	hauver Camp Springs,	Maryland
8885		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a) (b), o	ngd (c ) A	2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4000	13	PART I. DEATH WAS CAUSE	TE CAUSE (a)	menany	1314537.	
orb orb orb		COS LIDITE	DUE TO, OR AS A CONSEQ	UENCE OF -	11 11 1 1 11 11	
tion to the	10.	Conditions, if any, which	( 1b) Chr	me Bright	ille Heart touture	
2111	1	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF 1		
t of	18	underlying cause last	(c) Gr	1. Blud.		
P 1 0 0	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART Ira
15110	170		+ interior	Amy Som,		11 22 1 3
41111	IFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORME		VERE FINDINGS USED NG CAUSES OF DEATH?
0 2 1 2 4	CERTIF				YES NO YES	NO
が 計画し	1000	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF COURSE OF DE		DAY YEAR	PY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)
2 2 2 3 7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19		
1 427 3	WED	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
A District	18	AT WORK				47
O K ST		22a I certify that (1) (this hasp sow the deceased alive on	ital) attended the deceased from	V 1	19	that (1) we) lost
A Cale		above, (1) (we)(did) (did no	at) view the holdy after death.		r) opinion death occurred an the date and haur o	
T DOOD T		22b. SIGNATURE	-do	DEGREE	NDING MEDICAL STAFF	224 DATE SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	feene	РНУ	SICIAN DIRECTOR PHYSICIAN	Nov. 21, 198
He Sata	Ι.	22d. PHYSICIAN'S NAME (INTO	41	22e ADDRESS	10 1 210	~ (1) W
Po Function of Trust		Q15NUK	Edgewood	1700	DIO DIMIN HI	6 Clinton
		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREA	CITY OR TOWN	COUNTY STATE
3P		Burial	Nov. 23,1987 I	Fort Lincoln Ce	metery Brentwood P.	
HMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR	ADDRESS		NOV 25 1987 ALLA D	RESTGNATURE
(VRA 15, 4)	LE	e Funeral Home	Inc. Clinto	n, Md.	110 1 20 1001 Burns 10.	

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

LAST

Presgraves

5. DATE OF BIRTH

WIDOWED

CERTIFICATE OF DEATH

25

YES X

17 INFORMANT

NO [

REG. NO 20 DATE OF DEATH 26. HOUR 1987111:30p M November IF UNDER TYEAR 1898 88 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED Prince George's 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Hospital Secretary 6837 Old Stage Road 20852 13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME MIDDLE Conlon Mary ADDRESS Charles J. McCann Same as item 13 a-e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 786 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN | 11-13-87 **PHYSICIAN** 6510 Kenilworth Ave., Riverdale, Md. 20783

3 SFX TO BIRTHPLACE ISTATE OF FOREIGN 18 CITY OR TOWN OF DEATH USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 23a. BURIAL, CREMATION, REMOVAL

CERTIFICATION

BATATE REGISTRAR

DECEASED NAME

Riverdale

Maryland

FATHER'S NAME

George

(AEZ' HO ON ANKHOMH)

13a STATE

(TYPE OR PRINT)

FIRST

Ann

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

PART 2. OTHER SIGNIFICANT CONDITIONS

Conditions, if ony, which gove rise to immediate

couse (o), stoting underlying cause

190 DATE OF OPERATION

21g. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

22d PHYSICIAN'S NAME (TYPE OR PRINT) Ghulam Din, M.D.

Female

Pennsslvania

MIDDLE

F.

White

USA

76. CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Leland Memorial Hospital

Rockville

Frain

238 05 7228

DUE TO, OR AS A CONSEQUENCE OF

nm a

HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY, OFFICE FARM, ETC )

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

11-12-

166 SOCIAL SECURITY NO.

arni

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

4 RACE

Montgomery

P.

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c

IMMEDIATE CAUSE (o

22a.1 certify that (1) (this hospital) attended the deceased from,

sow the deceased alive on the deceased olive on obove, (I) (we) (did) (did not) view the body ofter death.

old be detoched the State Dept. MPORTANT BP DHMH - 16 60M 7/B4 (VRA 15, 4)

DIRE

24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Maryland 20852

22b. SIGNATURE

(SPECIFY) Burial 11/16/87 236 NAME OF CEMETERY OR CREMATORY Sharon Memorial Cem.

DEGREE

211 LOCATION

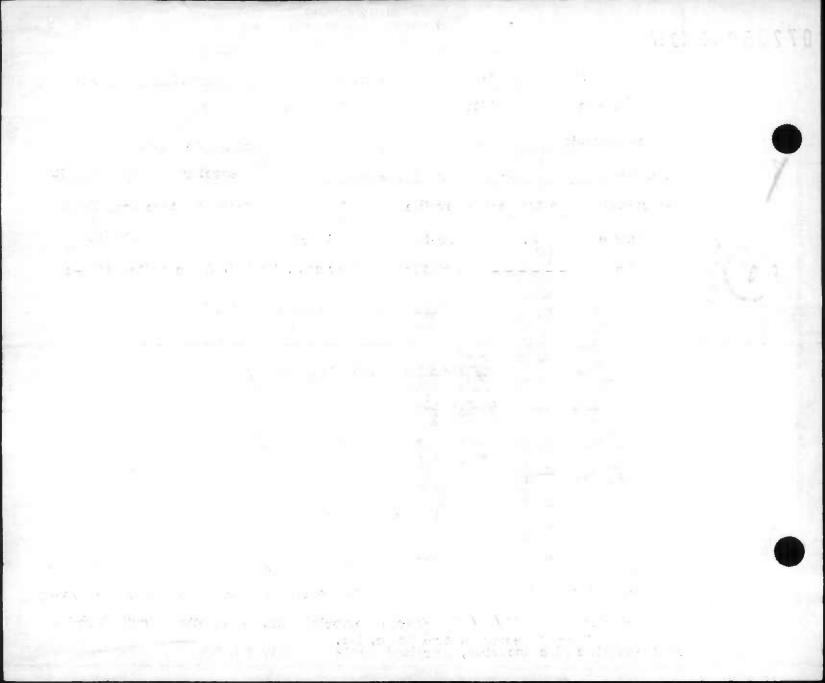
STREET

Charlotte

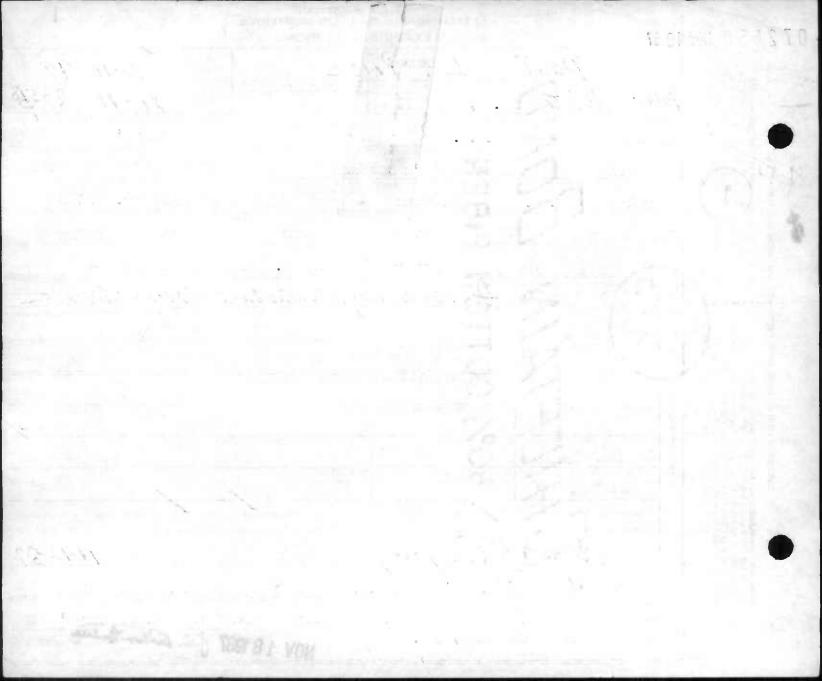
North Carolina Int

Julia Devideon Kandallo

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.    Comparisor		order in or	1	FOR			DERAR		E OF M			IVOIEN		-	-9	1	2 0	1
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Baby Boy    Baby Boy   Price	4 1	212 1101	1. DE	CEASED NAM	E FIRST		MIDDLE		L	AST			20. DATE	KNOWN	MONT	H DAY	YEAR	2b. HOUR
FATING   STATE   STA	1	ES. ES.	1,,,	FE OR FRINT)	Baby	Boy			Pr	rice			DEATH	MATED	<u> </u>	28	19 87	A
FATING   STATE   STA		PEE ECTC FILL HOU STRE	3. SE	X		5. DATE		6. AGE (IN YEA	RS IF UND	ER 1 YR.			2c. DATE	NCED	MONTH	DAY	YEAR	2d. HOUR
FATING   STATE   STA		ARY, L DIR YOUI N 72	4			U	aknown		100		1,00,10		DEAD	)				2:49
FATING   STATE   STA		GESS OR A		DREIGN COUNTRY)		/b CITIZ	EN OF WHAT COL	INTRY?				IED 🔲	9 BALTIM	ORE CIT	Y OR COU	NTY OF D	EATH	
FATING   STATE   STA		25 2 2 2 Z	10. C	ITY OR TOWN	OF DEATH	II NAM	E OF HOSPITAL N	URSING HOME					Pri	nce	Georg	e's	Count	V MD
135 COLVERY   136 COLVERY		A STATE OF		Landove	er	HE NO	TINSUCH FACILITY, GIVE	or Stre	et	KIIIO	11014	FOR M	OST OF WOR	KING LIFE)	TITE OF WOR	OR	INDUSTR	Y
THE FATHER'S NAME  MODIL  MASS  MASS AND RAME PRICE  ADDRESS  GRANDER MARIE PRICE  MASS AND RAMARIE PR	****	A SOUTH AND 3				FY					_	130 STRE	ET ADDRE	55/2	11/00	- 5	42	170
THE WAS DECEASED EVEN IN J. ARMED FORCES?  THE WAS DECEASED EVEN IN J. ARMED FOR COURSE OF THE STATE OF THE S		- No. 3	(P) E							IS, MOTHE	R'S MAIDE	EN NAME		100	4.17		1 0	· la
184 WAS DECEASED EVER IN U.S. ARMADE FORCES?   184 SOCIAL SECURITY NO.   17. INFORMANT   187 SOCIAL SECURITY NO.   187 SOCIA	1	55236	V	FIRST	Makani	MIDDLE		LAST				IDDX			DICE	4	LAST	
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UNDERLYING CAUSE OF DEATH    NOT WHILE   N			HCA.	196. DATE OF	OPERATION	19	b. CONDITION FOI	R WHICH OPER	ATION WA	S PERFOR	MED?							
UNDERLYING CAUSE OF DEATH    NOT WHILE   N		WORK OF THE STATE	1 2	210. EXTERNA	AL CAUSE WAS	21	. TIME OF IN IURY		21c HOV	A/ INTITIPY	OCCUPPE	D JENTER N	ATHRE OF IN	HIPV IN ITEM	19 DART 1 OR		ES K	NO 🗆
AT WORK AT WORK	9	S THE STAND		UNDERLYING	NG CAUSE OF	H	OUR A.M. MONT								TO PART TOM	PART 21		
AT WORK AT WORK		PRO TO	EDIC	21d INJURY C	OCCURRED	21	e PLACE OF INJUR	Y (AT HOME,	211. LOC.	ATION	III U	orter	DOW.	<u> </u>				
220. I certify that I took charge of the remains described above, held an Autopsy N. Inspection I. Inquiry I.	i	S F F D E S	*	AT WORK	NOT WHILE E	3		, ETC.)			lor S	t.						
07/84 BP Removal 10-22-87  DHMH - 17  DHMH - 17  DHMH - 17  Removal 10-22-87  250. Date rec'd ay registrar 250 reg		R: TH VIE, V ORW, D, 21		220. L certu	fy that I taak chara	e of the re		nave held on										T-ILD
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07/84 BP Removal 10-22-87  DHMH - 17  DHMH - 17  DHMH - 17  Removal 10-22-87  250. Date rec'd ay registrar 250 reg		UNE A S	-	EXAMINER'S	NAME	พราก	iam M 73	no M D			111	Don	n 0+			Dalt	o MD	
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25M DHMH - 17 DHMH - 17  25 DATE REC'D BY REGISTRAR 25 RE	07/1		(:	SPECIFY)				TAME OF CEN	LILKI OK	CHEMMIC	ZN 1	CITYO	RTOWN		cc	UNTY	STA	TE
(VR A15 ME (5)) State Anatomy Board Balto Md				UNERAL DIREC							250 DATE	REC'D BY	REGISTRA	R 25% RE	GISTDAR'S	SIGNAT	REPAR	
Deace macony board barco. Ma.					Anatom	y Bo		Balto.	, Md		061	43	1987	gue	an Annu			:



073086

mpletely filled in by the funeral director, page 3 ond 2 should be filed within 72 hours after death

FOR

- STATE

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF BEATH

3 3 4

15	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST AARON	MIDDLE F.	PROCTOR, Sr.	20 DATE OF DEATH MONTH	17-87 26 HOUR 6: 45A
300	SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Male	Black	Aug. 24.1911	76 YRS	MONTHS DAYS HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT	
1	Maryland	USA	WIDOWED DIVORCED	] INTINCE GEORGE 3	MD.
10	CHEVERLY	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR
L	2			Retired	Gov't_
13	2	NTY 13c. CITY OR TO	Pleasants   NO	13e.Street Address / ZIP COD 6904 Avon	Street/43
14.	FATHER'S NAME Camillus	MIDDLE Procto	or Lonnie	AME	Harley
160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
L	no	578 36		Makle-daughter	
Γ	PART I. DEATH WAS CAUSI	nly one couse per line for (a), (b), c ED BY TE CAUSE (a)		d, Clinton, Ma	ATY LENDAL ALL MONSET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEO	VENCE OF Heart disc	cape	10-15 yrs+
	couse 103, stofing the underlying couse lost.	DUE TO, OR ASÍA CONSEO		ng didence	10-15 yrs +
2		CONDITIONS CONTRIBUTING TO	R. DIWELED	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
CEPTIESCATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN-CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \) NO \( \)
	OR COLUMNIA COLUMN			RRED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)
MEDICAL	WHILE   NO WHILE	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
	22a. I certify that (I) (this hosp sow the deceased alive or	pital) attended the deceased from	C-m	n death accurred on the date and ha	, 19 that (I) (we) last our and from the causes stated
	226 SIGNATURE	hull up		DIRECTOR   PHYSICIAN	11/17/87.
	STEVEN 11	- // And	my 75256	reenly ofr. Dr	zire_
23	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
1	Burial	Nov. 21,198	Mount Olivet	Cemetery Wash	nington, D.C.
1	FONERADOREGIOS	1 HOme-4001 E	33.0	N 2.4 1087 Julia	
10	Stewart Funera	L DOME-4001 E	semmind koga, Mc	IN - IN IN IN	

Funeral HOme-4001 Benning Road,

DHMH - 16 60M 7/84 (VRA 15, 4)

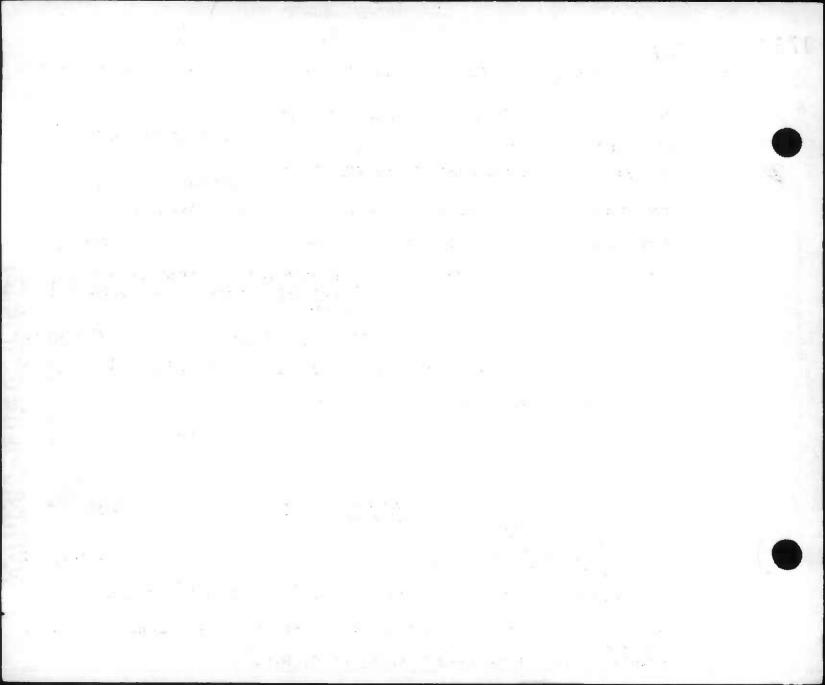
TO HOSPITAL OR

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove corbanapapers. Pages 1 and 2 should he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumotic event, the

IMPORTANT: If them 21 is morked or Item 18 shows ony



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

St. Mary's Co.MD

YES X NO

		EASED NAME FIRE OR PRINT)	ST	MIDDLE		LAST		E KNOWN X	MONTH D	AY YEAR	2b. HO
※ は 20 元 点	1		harles	RUSSELL		Ouade, Sr	DEA	F ESTI- TH MATED	11-1	- 1987	
为异式支援	3. SEX		5. DATE OF BIRT	Y YEAR LAST BI		DER 1 YR. IF UNDE	R 24 HRS. 2c. D.	ATE DUNCED	MONTH D	AY YEAR	24 HQ
SYSSES.	Marine .	ALE WHITE		,1914 73	YRS.		DI	AD 11-		19 87	D
N882951	FO	RTHPLACE (STATE OR REIGN COUNTRY)		WHAT COUNTRY?	8 MARRI	ED X NEVER MAR	RRIED [ ]	TIMORE CITY OF	_		
	the second	D.	U.S		WIDOW			cince Ge			-
VERSEE /	U. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING HO	55)		FOR MOST OF	CUPATION (TYPE WORKING LIFE)		OR INDUSTR	
5 HX 1	MS/DA	Cheverly L RESIDENCE (IF IN NURSING F		George's C		Hospital	PLANT	WORKE	R ]	DAIRY	
SEA STAN	13a. S	TATE 136.C	OUNTY	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?					
K T B		D. ST	MARY'S	MECHAN]	.CSVIL			L, BOX	533/2	:0659	
25//		FIRST	MIDDLE	LAST		15. MOTHER'S MAI	DEN NAME	MIDDLE		LAST	
730 L	Section 1	ICHARD  VAS DECEASED EVER IN U.S	C.	QUADE	IRITY NO	ALICE 17. INFORMANT		ADDRESS		SELL	
VISION	JY		GIVE WAR OR DATES)	166. SOCIAL SECU 213-18-	-6928	CHARLES	S R. QUA	M	ECHAN	II CBOX	J.E.
- C		18 CAUSE OF DEATH (Ent	er only one couse per li	ne for (a), (b), ond (c).						APPROXIMATE	
	17	8/20 IMM	EDIATE CAUSE (a) MI			with com	plication	ns			1
TRANSIT PEI TRANSIT PEI TRANSIT PEI TRANSIT PEI OR REMO	1	Canditians, if any, v		DR AS A CONSEQUEN	CE OF						
RANSIT TAL HY R REMC		gave rise to imme	diate (b)								
Z O EN		lying cause lost.	DUE 10, C	DR AS A CONSEQUEN	CE OF				- 11		
EALTH AND MENTAL CREMATION, OR RE		PART 2 OTHER SIGNIFICANT COND	(c)	THE DIT NOT BELATED TO THE	TERMINAL DISCOUR	OR CONDITION CHEEK IN	BIDY 1				
REW	Z	TAKE TO THE SOUTH CAN'T CONG.	CONTRIBUTION TO DEA	THE BOT HOT KELATED TO THE	TERMINAL DISEASE	OR COMBILION GIVEN IN	PARE [ [g]				
A D	CERTIFICATION	19a. DATE OF OPERATION	196 CONI	DITION FOR WHICH C	PERATION W	AS PERFORMED?			21	D AUTOPSY?	
OR TO BURN	IF	All San Line								YES X	NO [
	CER	210. EXTERNAL CAUSE WA		OF INJURY	2)c. HC	OW INJURY OCCUR	RED (ENTER NATURE C	F INJURY IN ITEM 18 P	ART 1 OR PART 2)		111
	CAL	CONTRIBUTING CAUSE	OF DEATH 10-24	0-87 10-209	87 Dri	ver in au	to/pick-	up truck	colli	sion	
ク	MEDICAL	216 INJURY OCCURRED	21e PLAC STREET, F	E OF INJURY (AT HOM ACTORY, FARM, ETC.)	S	CATION TREE T	CITY O	RIOWN	COUNTY		STAT
5	-	WHILE NOT WHILE AT WORK	z ro	oad	Rt.	235 & Rt	247, Ho	llywood,	St. M	lary's	Co.l
-	/	22a. I certify that I took	charge of the remains d	described obove, held o	n Autop	sy X. Inspect	ion . Inqu	iry . one	in my opinio	n	
25		death resulted from:	Natural causes	Accident X	Suicide	, Homicide	Undetermined	monner .			
DIS		1 //	11111	m		TITLE (SPECIFY)					
E, E		ACTUAL SIGNATURE	let )		M	D Assistan	tMEDICALE	AMINER	DATE SIGNED	11-3-8	7
WOE	-	EXAMINER'S NAME	Oh 7	on D. Wales	- M D	111	Down Chr	not Dalt	imara	MD 212	001
TO FUNERAL DAFTER DEATH, BALTIMORE,		(TYPE OR PRINT)		es P. Koke					THOLE,	בוב כונו	.UI
F 4 80		JRIAL, CREMATION, REMOV	AL 736 DATE	CHARLI	CEMETERY O	R CREMATORY	236. LOCATIO	N	COUNTY	STA	ATE

**DHMH - 17** 

(VR A15 ME (5))

11-5-87 BURIAL

24 FUNERAL DIRECTOR

GARDENS

LEONARDTOWN, ST. MARY'S, MD.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE dia Devilor Randall

W.CLARKE MATTINGLEY LEONARDTOWN MD injury, or other traumatic evental

073665	DEC	-2 BBR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 4 3 4
noy be poge 3		DECEASED NAME FIRST (TYPE OR PRINT) ROBER		Qu	INN SR.	20 DATE OF DEATH MONTH	8 87 6 40 M
ne 4 mo	- 1	MALE	4. RACE WHITE	s. Date o	ревіктн ЛЕ 11,1921	6 AGE (IN YEARS LAST BIRTHDAY)  66 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A 6	WISC.	76. CITIZEN OF WHAT U.S.A.	COUNTRY? 8. MARRIE WIDOWI	D NEVER MARRIED	PRINCE GEORGE	
9	70	LHUTOU			OR OTHER INSTITUTION  HOSPITAL	176 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI  ELECTRONICS	126 KIND OF BUSINESS OR INDUSTRY LECH. U.S.GOVT.
A hours	夏5	USUAL RESIDENCE (IF NURSING HOME O		SIDENCE BEFORE ADMISSION) ICHANICSV	134 INSIDE CITY LIMITS?	13 SIREET ADDRESS / ZIP COD	20659 DR.RT.4,BOX149
E, MARYLA complete	Solution	HARRY J.	MIDDLE	JINN	15 MOTHER'S MAIDEN NAM GERTRUDE		ASTERSON
IMORE, oe execut in and co		WAS DECEASED EVER IN U.S. AF		OCIAL SECURITY NO. 0-18-4242	TARESA COB	ADDRESS BLE QUINN, SA	ME AS 13E.
ST., BALI intificate by a physicio on popers emovol.	eventOhe	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line to D BY: TE CAUSE (a) Paus	hid fland C	ance with met	uteres to lungs an	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ne death ce the attending thanks carb	r traumatic	Conditions, if ony, which gove rise to immediate course (a) stating the	DUE TO, OR AS A	CONSEQUENCE OF		plemal	

18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE C	ne couse per line for 10), (b), and (c) 1 Y: AUSE 10) Parolid fland. C	encer with meter	stores to les	grand	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF		pleu	ial	•
PART 2 OTHER SIGNIFICANT CON	iditions <u>contributing to death</u> but	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONI	DITION GIVEN I	N PART 110
19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED G CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (16 EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I	OR PART ?)
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)	216 LOCATION STREET	CITY OR TO	WN	COUNTY STATE
22a.1 certify that (I) (this hospital) saw the deceased alive on above, (I) (we) (did) (did not) vi	((-L8 19 R+.	nd that in (my) (aur) opinion di	eath accurred on the do		
226 SIGNATURE		DEGREE ATTENDING PHYSICIAN IX	MEDICAL STAF		220. DATE SIGNED

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Item 18 shaws any

230 BURIAL, CREMATION, REMOVAL BURIAL 12-02-87

224 PHYSICIAN'S NAME (TYPE OR PRIN

23( NAME OF CEMETERY OR CREMATORY

22e ADDRESS

236 NAME OF CEMETERY OF CREMATORY 236 LOCATION
CHELTENHAM VETERANS, CHELTENHAM,

MD.

Climbon, 48 20735

24 FUNERAL DIRECTOR MATTINGLEY, LEÔNARDTOWN, MD.

Years, mo

23b. DATE

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



RIVERDALE, Md. 2073

(VR A15 ME (5))

W. CHAMBERS CO.

TALLE OF ONE OF THE CONTROL SAVEND SOURCES -----.o integrated to be interested Company of the second s the contract of the second by the contract of the contract of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 87ATE GISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE KNOWNXX MONTH 2b HOUR TYPE OR PRINT ESTI-TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY. PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM, 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR PAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG, WITH FORTH PAGES, AND 3. PETAIN PAGE 5 FOR YOUR FILES. AFTER DEPARTMENT OF HEALTH AND MENTAL TRANSIT PREMIT: PAGES, AND 2. SHOULD BE ELED "WITHIN 72 HOURS AFTER DEPARTMENT OF HEALTH AND MENTAL HESTATE DEPARTMENT OF HEALTH AND MENTAL HESTATE DEPARTMENT OF HEALTH AND MENTAL HEROLOGY. 201 W. PRESTON STREET, BALTIMORE, MARKLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. Louis DEATH MATED 1987 11-11 Randall 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 12:45 DATE PRONOUNCED 1987 Black 29 Male DEAD а. м 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) Md. USA WIDOWED DIVORCED Prince George's County, O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Construction OR INDUSTRY Worker Cheverly Prince George's General Hospital 130 STATE 13d. INSIDE CITY LIMITS? 13.5227 Solomon's Lothian Md . Arunde 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Randal Brown anche 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. RB (YES. NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATE 217-24-0531 Gladys Randall 5227 Solomon's 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple Injuries with complications IMMEDIATE CAUSE (a)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS UNDERLYING AND OR 16. TIME OF INJURY
HOUR XXXX MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEATH 8:27.M. 9/11 19 87 pedestrian struck by auto 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) Solomons Island & Bayard Rds., Lothian, road ARundel Co., Md. 220. I certify that I took charge of the remains described above, held an Accident death resulted from Notural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 11-12-87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St., Balto., Md. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 11/16/87 Md. Veteran's Cem. Cheltnham 07/84 Mid . 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH** - 17 lia Devider Reese Sons Annapolis, Md. (VR A15 ME (5))

STATE OF MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYCIENES

	1 -	STATE			DEPARIM		ICATE OF DEATH	•	0)	0 4	3 /
1	0.0	REGISTRAR						REG. N	O. MONTH	DAY YEAR	T
		GRASED NAME	Clara	J	MIDDLE	RAUM	AKER	November	15	1987	4:50 P
	3. SEX	x		4 RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	E	Female		Cauc	asian	NOT		82	YRS	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STAT	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
1	Ne	ebraska		US		WIDOWE	DIVORCED [			orge's	MD
2		Riverdal	.e	Lelan	d Memoria	DDRESS)  1 Hos	rother institution pital	120 USUAL OCCUPATION OF WORK FOR MOST OF NUTSES A.	F WORKING I	HEEL INDUSTRY	rsing
5	USUA 130. S	AL RESIDENCE (#	13b. COU		13 CITY OR TOWN		13d INSIDE CITY LIMITS?	13 SIREET ADDRESS 6608 MCC	zip coc ahil	i Dr.	20707
λ	14. FA	THER'S NAME					15 MOTHER'S MAIDEN NAM	ΛE			
		Jacob	Pa	aul Jac	obsen		Mette			stians	en
	160 V	VAS DECEASED E	VER IN U.S. AF		166 SOCIAL SECUP		17. INFORMANT	ADDRE	SS		
	(4	n/a	n,	a war or dates)	506-03-	2178	Evelyn Clo	agh sam	e as	13 <b>e</b>	
		18 CAUSE OF D PART 1. DEAT	H WAS CAUSI	nly ane cause per ED BY: TE CAUSE (a)	line for (a), (b), ond Cardiac		st, secondary	to arrhyth	mia	Sudd	MATE INTERVAL ONSET AND DEATH
		Canditions, if		DUE TO, O	RASACONSEQUE Arterio	oce of scler	otic cardiova	scular dise	ase	Unkn	own
		couse (a), s underlying c	stating the ause last.	(c)_	r as a conseque						
	2	PART 2 OTHER		_			NOT RELATED TO THE TERM		DITION G	IVEN IN PART 1	a
	101			<u>al fail</u>	ure. Rece	ent m	esenteric thro	ombosis.			
1	CERTIFICATION	19a DATE OF OP	ERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDING CAUSES	
X	ETIE							YES NO	Y	res 🗌	NO 🗌
2		210. ACCIDENT WA	CAUSE OF DE	AIH	M. MONTH DA		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM T8	PART T OR PART 2)	No.
	WEDICAL	21d INJURY OC	MEDICAL EXAMINE	P. PLACE		19	211 LOCATION				
	ME	WHILE I NO	OT WHILE		REET FACTORY OFFICE FA	RM, ETC )	STREET	CITY OR TO	WN	COUNTA	STATE
		sow the de	Sased alive a	15 Nove	e deceosed from		ruary 19 65		mber		that (I) (we) lost
		abave, (1) (y		at) view the bady	after death.	-	DEGREE			22¢ DATE	SIGNED
		122. SISIVATOR	est	1.1/80	maus		ATTENDING	MEDICAL STA ₹ DIRECTOR □ PHYSIC			ov. 1987
7	1	224 PHYSICIAN	S NAME /TYPE	OR PRINTS			22e ADDRESS				

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTO should be detoched for with the State Dept. of MPORTANT: # # 23a BURIAL, CREMATION, REMOVAL Burial

4404 Queensbury Rd., Riverdale, MD 20737

Carl J. Houmann, M. D. 23c NAME OF CEMETERY OR CREMATORY Md . STATE COUNTY

al 11/18/87 Meadowridge Cemetery Jessup Howard
ECTOR 7601 Sandy Spring Road 1250 DATE REC'D. BY REGISTRARY S SIGNATURE
Funeral Home, Inc. Laurel, Md. 20707

0.72

The state of the s

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 071573 NOV 2 RECEASED NAME REG. NO 20. DATE KNOWN MONTH 26 HOUR (TYPE OR PRINT) OF EST1 NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 0, WITHIN 72 HOURS W. PREST IN STREET, 198 DEATH MATED 2d HOUR 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 3 SEX DATE YEAR LAST\_BIRTHDAY PRONOUNCED 1987 DEAD 6. CITIZEN OF WHAT 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED U.S.A Pennsylvania DIVORCED 12b. KIND OF BUSINESS 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ITYPE OF WORK Private 75th Avenue Domestic Landover USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 13c. CITY OR TOWN 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST FIRST FIRST Annie Pearl Moore Dan 17. INFORMANT 3135<sup>AD</sup>75th Ave. #4 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG WITH FORE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) Carlton Ray Landover, Md. 20785 277-46-976] No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY musoka IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [ NO I 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET STATE STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes Undetermined manner Hamicide death resulted fram: DATE (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE COUNTY STATE Harmony Memorial Burial 11-12-87 pk Md Landover P.G 07/84 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR Landover Road **DHMH - 17** NAME J.B. Jenkins Landover, Md. (VR A15 ME (5))

071573 HT 1257

The same to sent the district of the same of the same

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#### STATE OF MARYLAND 071127 NOV -9 6 TATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO L DECEASED NAME KNOWN P DATE (TYPE OR PRINT) OF ESTI-DEATH MATED 3. SEX **UNDER 24 HRS** DATE 图图 LAST BIRTHDAY) PRONOUNCED Aug. 12, 24 DEAD 76. CITIZEN OF WHAT COUNTRY NEVER MARRIED Washington D.C. U.S.A NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Stage Technician Kennedy Cnt. 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME Marie **Thomas** Reed 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 20 Coatbridge Court, Yes 579-14-1249 Thomas A. Reed, Olney, Md. 20832 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, DAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE O lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION E 3 SHOULD BE USED A EDEPARTMENT OF HEA 31 PRIOR TO BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? PAGE 4 SHOULD BE FORWARDED TO THE WO TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT. 21a EXTERNAL 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN

20 AUTOPSY? YES [ NO DE 21c. HOW INJURY OCCURRED JENIER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection. and in my opinion death resulted from: Natural couses Homicide \_\_\_ Undetermined manner TITLE (SPECIFY) ACTUAL XAMINER'S NAME John S. Rogers ADDRESS 1919 Seminary Road, Silver Spring, Mo (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation 11-03-87 Metropolitan Crematory Alexandria Virginia FRANCIS GASCH'S SONS FUNERAL HOME, P. A. DAND 4739 Baltimore Ave., Hyattsville, Md

Sproesser

BETWEEN ONSET AND DEATH

07/84 25M (VR A15 ME (5))

**DHMH - 17** 

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FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

3

13	EGISTRAR		CERTIFICATE OF	DEATH	REG. NO	).		
	LCLASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
(TY	Austin	С.	Reifke		Nov	7. 30	1987	2:AM _M
1.5	male	RACE white	5. DATE OF BIRTH MONTH DAY	YEAR 54	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7a 1		CITIZEN OF WHAT COUNTR	Y? 8.		9. BALTIMORE CITY O	R COUNTY C	F DEATH	1
V	ASHINGTON, D.C.	USA	MARRIED NEVER	NORCED TO	Prince	52019	e	M
10 0	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR: (IF NOT IN SUCH EACHLITY, GIVE STR 13206 (YI) es COM	EET ADDRESS)	STITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF			F BUSINESS OR
130			OWN 13d. INSIDE	NO 🗌	13e.STREET ADDRESS		ct	20708
	Agothur (	DDLE Reif	ke N	E ALA	Lec	, -	THOM	শীক্তিত্ব
	WAS DECEASED EVER IN U.S. ARMI	WAR OR DATES) 9 9 5			o(Friend)	033 56 Hyatts	s.Md.	
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: Me	and (ci.)	_			BETWEEN C	3 mon
No	gave rise to immediate cause (a), stafting the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSECUTION OF THE PROPERTY OF		D TO THE TERMI	nal disease or conf	)ITION GIVER	N IN PART 110	a
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERF	ORMED	20a. AUTOPSY? YES NO 1		WERE FINDIN	
MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR 19		ED (ENTER NATURE OF INJUR	Y IN ITEM 1B PAR	T I OR PART 2)	
MED	21d. INJURY OCCURRED  WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	EE FARM, ETC.)		CITY OR TO		COUNTY	STATE
	22a I certify that (I) (this hospital saw the deceased alive an abave, (I) (we) (did) (did nat)		87, and that in (m	y) (aur) apinian d	, ta VOV(n) eath accurred an the do		and fram the	
	22d PHYSICIAN'S NAME (TYPEOU	all De	DEGREE  1220 ADDRI	ATTENDING PHYSICIAN	MEDICAL STAF		22c DATE	O/AZ
		ell Deluca, MD			, Baltimore	, Md.	21201	
236.	BURIAL, CREMATION, REMOVAL Burial	23b. DATE 23 12/2/87	Ft.Lincoln	CREMATORY	23d LOCATION GRYOR TOWN Brenty	wood	PG	Md STATE

HTHE STRING STRING 11800 New Hamp. Ave S.S. Md DEC 03 1987

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR should be detached with the State Dep IMPORTANT, II IN 074 054 250-337

073047

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

		FOR STATE FEGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENS / 3 3 4 4 CERTIFICATE OF DEATH REG. NO.							
	1. DECEASED NAME FIRST DOROTHY		Evelyn Reynal			Lds	11 - 15 - 198				
	3. SEX Female		4. RACE White  7b. CITIZEN OF WHAT COUNTRY?		5. DATE OF BIRTH  MONTH DAY  PEAR  1907		6. AGE (IN YEARS LAST BII	YRS.	NTHS DAYS H	FUNDER 24 HRS HOURS MIN.	
9	(	Penna.	U. S.A.		MARRIE		Prince G	eorge	MD.		
	Mitchellville VIII and Rosa singuresia						12a USUAL OCCUPAT		126. KIND OF E	Florist	
2	Per	AL RESIDENCE (IF NURSING HOME OF TATE NO PROPERTY OF THE PROPE	on other institution	NONTOURS		13d. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS	/ ZIP CODE	177549	999	
1	14 FA	John John	MIDE.	Elliöt		15. MOTHER'S MAIDEN NAM	MIDDLE		Der		
3	No.	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C	RMED FORCES?	166 SOCIAL SECU 191-26-5		Doris Whitney			Harbor polis, M	_	
Antic		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Reshinatory Arrest.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								TE INTERVAL SET AND DEATH	
MARKET		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  CC.  CC.  CC.  C.  C.  C.  C.  C.  C.									
7	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0									
	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERA			OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcap \) NO \( \bigcap \)			
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	JRY IN ITEM IB PART	( OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	21f. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE	
		27a.1 certify that (1) (this haspital) attended the deceased fram									
		K. andia					MEDICAL STA	FF CIAN [	22c. DATE SIG	5/87	
1		Dr. R. Arora, M.D.				14300 Gallant	Fox Lane	#222 B	owie, N	Ad. 2071	
	23a. B	BURIAL, CREMATION, REMOVA (SPECIFY) <b>Cremation</b>	23b. DATE	87   X3c. 1	vame of c	EMETERY OR CREMATORY  Itan Cremato	ry Alexand	ria	VIIV	rginia	
	产户 47:	ands Gasch's 3 39 Baltimore A	Sons Fu venue H	neral Hom yattsville	ne, P	· A·	24 987	150 REGISTRA			

DHMH - 16 50M 7/84 (VRA 15, 4)

1000 1000

Dorothy S. Baynalds 11-15-1989 5-30

08 tool 6 9 16 -1 -3

Penna. U. ... N Prince George

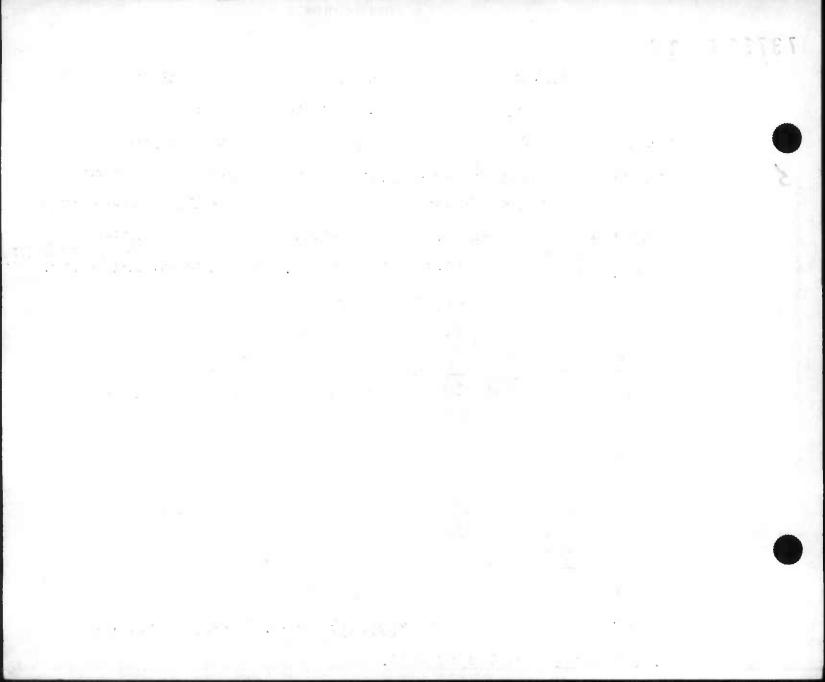
Mitchellville Villa Rosa sursing Nome Mouse Wile

7474 Landover Rd

Julia Divider Randall

DHMH - 16 60M 7/84

(VRA 15, 4)



## STATE OF MARYLAND

	1-	STATE REGISTRAR		MED	ICAL EX			ERTIFIC			4	REG. NO	7 7		0	
	I. DE	CEASED NAM	AE FIRST		WIDDLE			LAST			2a. DATE	KNOWN 🐔		DAY	YEAR	2b. HOUF
	(TYP)	E OR PRINT)	Michael	Ar	nthony		Pic	hards	3		OF	MATED [	11 /	6/19	87	
	3. SEX	(		5. DATE OF BIRTH	, rela	GE (IN YEAR	_		IF UNDER	24 HRS	2c DATE		MONTH	DAY		2d HOUI
	.,	0		MONTH DAY		AST BIRTHDAY	) MONTH		Hours	MIN	PRONOUN	CED	11/	01	07	4:50 P
-		ale RTHPLACE (	Caucasian	July 1 1	970 1	7 YRS	5.					ORE CITY OF	- /			PA
f.		REIGN COUNTRY)		B. CITIZEN OF WITH	AI COUNTRY			D NE				- man	-			
	Wa	shingto	on, D.C.	U.S.A.			WIDOWI		DIVORC			ice Geo				
4		TY OR TOWN		11. NAME OF HOSP			OR OTHE	R INSTITU	TION		JAL OCCUP MOST OF WORL	ATION (TYPE	OF WORK 1	OR IN	OF BUS	INESS
2		Adelph	i	9100 26t	h Ave.					St	udent					
1	USUA 3n. Si		(IF IN NURSING HOME OR		RESIDENCE BEFOR			13d. INSIDE CI	TV LIMITCS		EET ADDRE	cc				
Ξ		ruland		George's				YES T	NO []	920		th Pla			207	62
ī		THER'S NAM			LAUELLI	III.		15. MOTHE					CC			83
ä		FIRST	00 0-+	MIDDLE	D : - L			F	RST		M	DOTE		LAST		
9	16n W	Michae	ed ever in u.s. armi		Richal		NO	17. INFORA	risti	-	11111	TIO ADDRESS		Ou	<i>len</i>	
	(18	ES, NO, OR UNKN	OWN) (IF YES, GIVE W						t	athe						
		Vo	OF DEATH (Enter only		215-9		9	Mich	ael C	Gatel	y Ric	hards_	San		13	
		gave r cause (d lying ca	ons, if any, which rise to immediate a) stating the <u>under-</u> use last.	(b) DUE TO, OR A  (c)  ONTRIBUTING TO DEATH BU	as a conseq	DUENCE OF	F	DR (DNDITIDI	I GIVEN IN PA	ART 1 (a)						
	MEDICAL CERTIFICATION	19a. DATE O	F OPERATION	19b. CONDITE	ON FOR WHI	CH OPERA	TION W	AS PERFOR	MED?					20 AUT	OPSY?	
	IFIC			- 1										YES		NO 🗆
	ERT	210 EXTERN	AL CAUSE WAS	21b. TIME OF I			21c. HO	W INJURY	OCCURRE	D (ENTER I	NATURE OF INJ	URY IN ITEM 18 PA	ART I OR PART			140
d	ALC	UNDERLYIN			MONTH DA		00	lf inf	Fliat	od ra	bauc					
À	DIC	21d. INJURY	OCCURRED	21e PLACE OF		190 /	ZII LOC		LIICL	eu w	Julia					
	ME	WHILE	NOT WHILE	JIN ET, FACTO	RY, FARM, ETC )		ST	REET	7,77	70.0	CITY OR TOY	N Dec	COUP	VIII YII		STATE
		AT WORK	ATWORK	1n v	woods a	at.			1 Ave	., A	тетыг	Pr.	Geo.	Ma.		
		death (esul ACTUAL SIGNATUR)	tify that I taals all arge red I taals all astura	af the remains descri	ribed obaye, h	neld an , Suic	Autops ide X	Hamic TITLE (S	PECIFY)	Undet	Inquiry ermined mo	nner .	DATE SIGNED		1/7/	/87
1	Pine .	EXAMINET'S	Solin	E. Smiale	ek, M.C	).		DDRESS_	111	Peni	n St.	Balto	o., M	d. 2	120	1
	23a Bl	URIAL, CREMA	ATION, REMOVAL 231	DATE	23c. NAM	E OF CEM	ETERY OF	CREMATO	ORY	23d LC	CATION		COUNT	Y	STA	TE

**DHMH - 17** (VR A15 ME (5))

Burial Nov. 10, 1987 Gate of Heaven Cemetery Silver Spring Montgomery Md

24 FUNERAL DIRECTOR Francis J. Collins, Jr.

500 University Blvd., W. Silver Spring, Md. 20901 NOV 1 2 1987

1250. DATE REC'D. BY REGISTRAR'S SIGNATURE

NAME

500 University Blvd., W. Silver Spring, Md. 20901 NOV 1 2 1987

Julia Diridon Parlas

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (com) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ould be deto MPORTANT. Shoul 731. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Va. 10-30-87 Alexandria. Mt. Comfort Crematory Cremation 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wash. D.C. Joseph Gawler's Sons 5130 Wisconsin Ave. N.W. (VRA 15, 4)

2b. HOUR

12h, KIND OF BUSINESS OR

U.S. Customs

Rigby

APPROXIMATE INTERVAL

HOUR

IF UNDER I YEAR

INDUSTRY

DHMH - 16 50M 4/82

restance the second painted to the second officers Prince Geo. Prottoville IX - 12/21 M. 12. 12/21

> Trus then 170-10-14 ye. to fort translate. Tomanutity, . by mishball of the month of the Misson

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DEPARTMENT OF HEALTH AND MENTAL HYGIENES

10	<b>67</b>	FOR STATE REGISTRAR			DEPAI		IEALTH AND MENTAL HYG	REG. N	ပ <b>ဲ ပဲ</b>	4	4 5	
		CEASED NAME FIR		,	MIDDLE		LAST	20 DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	_
1	(TYPE	ORPRINT) E/S	IE	-	-A.	ROAC	HE	Novem	ber 14	. 1987	1140	
	3. SEX			ACE .	1 16	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY}	UNDER I YEAR	IF UNDER 24 HRS	2
				0		MONT		0.1		NIHS! DAYS	HOURS MIN.	
4	Ža BIE	Female  RTHPLACE (STATE OR FOREIG		Caucas	Slan WHAT COUNTR	V2 1	mber 24, 1905	81 9 BALTIMORE CITY C	P COUNTY (	DE DEATH		-
Λ	0	MUNIEN,				MARRIE	D NEVER MARRIED		_			
	Was	shington, D.			States	WIDOWE	DR OTHER INSTITUTION	Prince Ge				_
1	NO. C.	Y OR TOWN OF DEATH			H FACILITY SIVESTA		OR OTHER INSTITUTION	TYPE OF WORK FOR MOST C		INDUSTRY	F BUSINESS OR	
4		vattsville			Manor		g Home	Clerk		Insur	ance	
	13a S	TATE	COUNT"	RINSTITUTION	13c. CITY OR TO	OWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	XX	214	
2	Ma		ontgo	mery	Bethes	sda	YES CO NO X	4400 East-		Iighway	#517	
7	14. EA	THER'S NAME	MIDD		LAST		15 MOTHER'S MAIDEN NA					-
Ħ		James	MIDDI		Roach		Mary	Anne -	-	Dovl		
2	16a W	VAS DECEASED EVER IN U	S. ARMED		166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRI	SS		~	_
2	CY	NO OP UNKNOWN) (IF	YES GIVE WA	R OR DATES)	578-07-	-6887	Agnes M. Max	ceron Be	East-W hesda,	est Hi Maryl	ghway#2 and 208	12
		18. CAUSE OF DEATH (Er	nter only or	ne couse per	line forgat, (b),	and ye				BETWEEN	MATE INTERVAL DINSET AND DEATH	=
1		PART I. DEATH WAS C	CAUSED BY		1000	chapes	chimeronia			day	)	_
		17474	EDIATEC			V				1		_
		Conditions, if any, who	ich (	DUE TO, O	R AS A CONSEC					80	200	
		gave rise to immedia	ote	(b)								_
		cause (a), stoting to underlying cause to	ost (	DUE TO, O	massice	cercha	l'infort			800	n-p	
		PART 2 OTHER SIGNIFIC	ANT CON					INAL DISEASE OR CON	DITION GIVE	V IN PART 110	3	=
۵	CERTIFICATION											_
1	CA	190 DATE OF OPERATION	'	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN		
4	T							YES NO	YES		NO 🗆	
\	CER	210 ACCIDENT WAS UNDERLY		216. TIME O	F INJURY M. MONTH	DAY VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)		_
	AL	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX		P.		DAT TEAR						
	MEDICAL	216 INJURY OCCURRED	CHAND SERY	21e PLACE	OF INJURY		211. LOCATION			COUNTY	STATE	-
	W	WHILE NOT WHILE		(AT HOME STE	REET, FACTORY OFFI	CE FARM ETC )	STREET	CITY OR TO	IWN	COUNTY	STATE	
		22a 1 certify that (1) (this	haspital)	attended th	e deceased fra	m_	19.84	10 14 NO	v 1	927	that (I) (we) last	_
		sow the decoased all above, (I) (xe) (dig) (	live on	6 NOV	19	-	nd that in (my) (our) apinion	death occurred an the d		9		
		226 SIGNATURE	ala nat) vie	w the body	after death.	/	DEGREE			22c DATE	SIGNED	_
	į.	Copen	7 2	Ke	e Conft		ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	151	Vov 87	
7		224 PHYSICIAN'S NAME	TYPE OR PRI	1 4 71			22e ADDRESS	1 Ba	10 1	md		
		ROBERT	( ,	Kell		D.	12518 M126	· 400, 13e	INGLOCK	a, md.		_
		BURIAL, CREMATION, REM	OVAL 2	3b. DATE	Nov.	R NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE	
		Burial		18,			vet Cemetery	Washing				
	24 FL	othesda-Chev	ert A	. Pum	phrey F	uneral	Home/ 25a. DAT	E REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNAT	URE	_
	В	etnësda-Chev Bethesda.	y Cha	se, Ii	nc. 755	7 Wisco	onsin Ave. NO	1 8 1987	ulia Des	dun Par	Rees i	
- 1	_	DELIESUA,	-Wat-Y	-au	24014							_

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the estabold be detached for use as the buriol-transit permit. Then pleate removed the State Dept. of Health and Mental Hygiene prior to buriol, creman.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician IMPORTANT: If Item 21 is marked or Item 18 shows are murry.



### STATE OF MARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENES

	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND CERTIFICATE OF		ENE REG. NO 3	344	5
DECH	ECEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 26	HOUR
LIA	PE OR PRINT)	THAN G	ROBERTS		11	26 87 8	56P M
1.58		4 RACE	5 DATE OF BIRTH		& AGE LIN YEARS LAST BIRTHOAY)	IF UNDER I YEAR IF	UNDER 24 HRS
	MALE	BLACK	11 26	56	31 YRS.	MONTHS DAYS HO	OURS MIN.
70. E	BIRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER	MARRIED []	BALTIMORE CITY OR COUNT	TY OF DEATH	
/	D.C.	U.S.A.		NORCED	PRINCE GEORGE	1'S	MD.
9//	CHEVERLY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE PRINCE GEORGES	ET ADDRESS)	ENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Electronic T		
Z 13a	UAL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY)	OTHER INSTITUTION GIVE RESIDENCE BEFORE  13c. CITY OR TO  CEL GEORGES L	WN 134 INSIDE	CITY LIMITS?	3 119 75th Ave		203.1
Joh		Roberts		rs maiden nam First rene	MIDDLE	Nickens	
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			ADDRESS Derts-mother-	treeton	fello
	PARTI. DEATH WAS CAUSE	nly one cause per line or (a), (b), D BY		afor	Jaileure	APPROXIMAT BETWEEN ONS	
	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSED  (b)  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO	DUENCE OF Prima		Jonach  NAL DISEASE OR CONDITION G	IVEN IN PART I o	
CERTIFICATION	198 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERF	ORMED	IN CERT	ES, WERE FINDINGS TIFYING CAUSES OF YES T	S USED DEATH?
		HOUR A.M. MONTH	DAY YEAR	NJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18		<u>мо П</u>
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME STREET FACTORY OFFIC	E, FARM ETC ) 21f LOCAT		CITY OR TOWN	COUNTY	STATE
2	sow the deceased alive on	tal) attended the deceased from	1.3	) (aur) opinion d	eoth accurred on the date and ha	our and from the cau	
	226. SIGNATURE		DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11 - 2	Fr 87
7	22d PHYSICIAL SNAW	harles m	D 22e ADDRE 563	2 ans	a ductou	ry, Mo	(
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		Harmony M	em. Par	ball	MDriv	STATE
/B4 24 S	FUNERAL DIRECTOR Stewa 4001 Benning	rt Funeral Ho Road N.E. D.	om 20019	wigg	0 1987	STRARSSIGNATION	ipull.

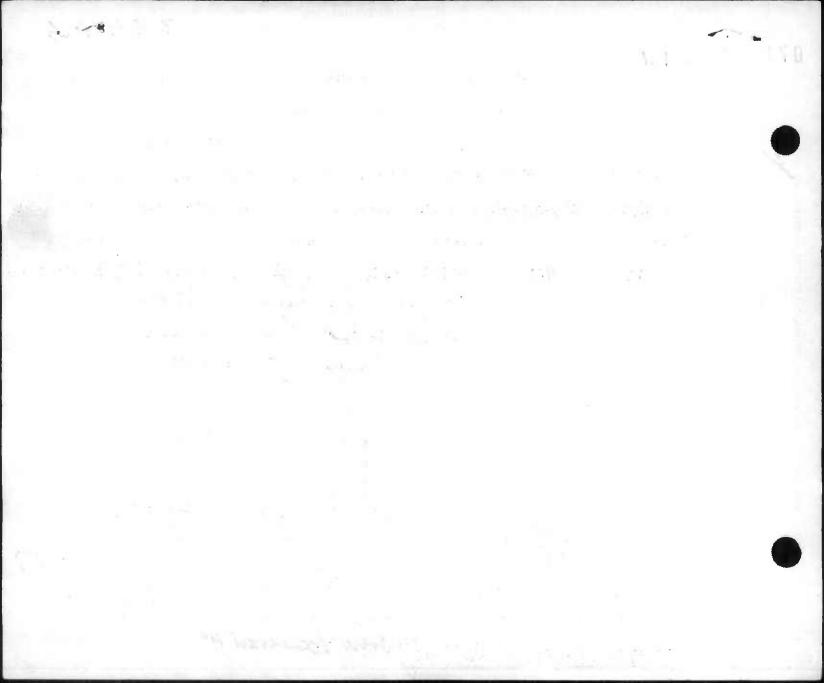
DHMH - 16 60M 7/B (VRA 15, 4)

BP.

TO FUNE 4.1 DIRECTOR. After this certificate has been ligated by the attention should be detached for use as the buriol-transit permit. Then please removes a with the State Dept. of Health and Mental Hygiene prior to burial, creminian.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the retained by the hospital or attending physician.

3 mout



DHMH - 16 60M 7/84

(VRA 15, 4)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

Julia Nevidron Pandalle

NOV 30 1987

0 -	1 -	FOR STATE DEGISTRAR		DEPART		HEALTH AND MENTAL HYC FICATE OF DEATH	GIENES /	<u> ১ ১</u>	4	4 7
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
		Eller	1 Ma	ria	ROH	LOF	November :	25, 1987	7	7:00p. M
	3. SEX	X	4. RACE		5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS
		Female	White		Apr		87	MON	THS DAYS	HOURS MIN.
	7a. B1	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?		11 20, 1900	9. BALTIMORE CITY C	P COUNTY OF	DEATH	
1	I	llinois	USA		WIDOW		Prince	_		inty MD
0		Hyattsville	(IF NOT IN SUC	Sacred	ADDRESS) Hear	t Home, Inc.	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOMEMAKE	ON OF WORKING LIFE)	12b. KIND C INDUSTRY	home
9	13a. S	AL RESIDENCE (IF NUR CONTROL OF NUR	INTY	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Grand Re	/N	13d INSIDE CITY LIMITS?	13e.STRFET ADDRESS 2 2100 Leona		/ 49	505
LΡ	14. FA	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA				7
C		Edward	F.	Koch		Anna	Therese		ulli	
00		VAS DECEASED EVER IN U.S. A		166. SOCIAL SECL	JRITY NO.	17. INFORMANT		ss loister		
0	- (1	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	323-56-	1423	Anne R. Fech				
		18 CAUSE OF DEATH (Enter	only one cause per			Anne K. reci	NOTCH F	sechesda	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)							
	NO	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	CONDITIONS CO	R AS A CONSEQUI		Arteriosci	MINAL DISEASE OR CON			0
5	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h IF YES, W	ERE FINDI	NGS USED
4	TIFIC						YES NOK	IN CERTIFYIN		OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C (IF EITHER_NOTIFY MEDICAL EXAMIN	EATH HOUR A.	M, MONTH D. M.	AY YEAR	21c HOW INJURY OCCUR		RY IN ITEM 18 PART I	OR PART 2)	
þ	MED	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF IN JURY REET, FACTORY, OFFICE, I	FARM ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did a 22b SIGNATURE	n 1/129	19	7	122 1980 nd that in (my) (our) opinion REGREE	deoth occurred on the de	25, 19_ ate and haur an	-	that (I) (we) lost couses stated SIGNEDs
1		S-M	· Pu	Lu	H.I	ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN 🗌	111	25/8/
		122d. PHYSICIAN'S NAME ITYPE	OR PRINT	RE		6525 13e	elevest Ro	H Ga	भी	ylle
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. 1	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION		-	J/
9		Burial	11-30			livet Cemetery	Chicago,	Illin	Ois	STATE
	24. FL	UNERAL DIRECTOR Blake	-Lamb Fu	nera L. Ho	mes	25a. DA1	TE REC'D. BY REGISTRAR	25h REGISTRAR	'S SIGNAT	URE

4727 West 103rd Street, Oak Park, IL 60453

The second secon A THE RELATIONS OF THE PARTY OF 

		1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENES  CERTIFICATE OF DEATH  REG. NO.	4 4 8
73	9 NOV 2	J DE	EASED NAME FIRST OR PRINT)	T. MACE	YEAR 26 HOUR 87 6 30 M
_	director		emale RIHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? B. DAY YEAR BZYRS.	
U	# 14 35		TY OR TOWN OF DEATH	MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION 126 USUAL OCCUPATION	C, MD. 126. KIND OF BUSINESS OR
107	the try of	JU-SU	AL RESIDENCE I IF NURSING HOME OF	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  MAGNOLIA GARDENS NSG HM  Bookkeeper  OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Dept. Store
TANG	635		Mol 136 COUR	136. CITY OR TOWN Bladensburg  136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 4200 Edmonston F	Road 20710
MAK	11/62		William	MIDDLE LAST Laura MIDDLE	Pierre
IMORE	V		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (Son)  AD4201 Edm  057-80-5077 Harold W. Rohrback Bladensk	
W, PRESTON ST., BAL	or the death certificate by the attending physics is remove carbon-paper cremation, or removal, other traumatic event, th		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
105, 201	syned if Then plea to Syrial	NO	PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART I a
AL RECO	The low in coon.	CERTIFICATION	190 DATE OF OPERATION	N/A  YES NOW INCERTIFYIN YES [	
N OF VI	SICIAN.	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	TH HOUR A.M. MONTH DAY YEAR P.M. 19	) OR PART 2)
DIVISIO	After this on the bill the and a	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
-	ECTOR. d for visit d for visit e of fee		saw the deceased alive an above (1) (we) (did ) (did no	t) view the bady after death. 9	A CONTRACTOR OF THE CONTRACTOR
9	RALDER HOTEL OF Getacher tote Dep		22b. SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	11/20/27
	FUNE FUNE The S		DOO H.	REPORT OF THE PROPERTY OF THE	· 1401

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP\_

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Fort Lincoln Cemetery Brentwood

Maryland P.G.

Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Maryland 2017

23b. DATE

11/23/87

TOV 25 997 JA JAMES LAND

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	4	2	4	4
V	83	-1		

-		
0	NO	

Z4ZU NOV I	9 R EGISTRAR	MEDICAL EXAMINER'S CERTIFICA	TE OF DEATH REG. NO.
SASE PRS ET,	T. DECEASED NAME FRIST  (TYPE OR PRINT)  Helen  C	His Rosen	26 DATE KNOWN MONTH DAY YEAR 25 HOUR OF ESTI- DEATH MATED 211-16 1987
ARY, PLEASE L DIRECTOR. YOUR FILES. N 72 HOURS NON STREET,	Female White 9. DATE OF	4 09 78 YRS. MONTHS DAYS HO	DEAD 11-16 18/12M
VEGESS UNGRA WITHIII	New York		NORCED   Prince George MD.
S. S. FILED.	Clinton 7904	of HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SUCH BACKEY, GIVE SPREET ADDRESS! Count	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE  120 USUAL OCCUPATION (TYPE OF WORK OR IND USTRY at home
ANN DANN DANN DANN DANN DANN DANN DANN	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTALL 13% STATE 113% COUNTY Pr. George	134 CITY OR TOWN 134 INSIDE CITY LI	MITS?   13e. STREET ADDRESS   7904 Westwood Ct. 20735
RE. MO.	14. FATHER'S NAME Nathan Lee	Otis FIRST	MAIDEN NAME LAST LAST MITCHELL
S ALTIMO S A FEB O C F PAGE P P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P G E P	(YES, NO, OR UNKNOWN)  (YES, NO, OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)	? 166. SOCIAL SECURITY NO. 17. INFORMAN	au same as item 13
HOUR W 1B. WG W RMIT. NE, D	18 CAUSE OF DEATH (Enter only one cause PART I DEATH WAS CAUSED BY:	The declarage darde AV.	Is culy dinase APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON THIN 24 ICH IN ITE ALER ALON ANSIT PER AL HYGIE REMOVA		O, OR MA CONSEQUENCE OF	
201 W. UTED W. IN PENAIR EXAMIR EXAMIR EXAMIR EXAMIR EXAMIR EXAMIR ON, OR		O, OR AS A CONSEQUENCE OF	
L RECORDS, 201  JUD BE EXECUTE!  "PENDING" IN 1  F MEDICAL EXA  BOS A BURIAL  HEATTH AND MA  AL, CREMATION,		D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1 (a).
W.A. 4	190. DATE OF OPERATION 110. EXTERNAL CAUSE WAS	CONDITION FOR WHICH OPERATION WAS PERFORMED	20 AUTOPSY?  YES □ NO □
O HE HE WE		TRAMMONTH DAY YEAR AND THE COMMINIUMY OCH	CURRED (ENTER NATURE OF INJURY IN ITEM TO PART I OR PART 2)
DIVISION THIS CERTIFIC WARDED TO PAGE 3 SHOU TATE DEPART 21201 PRIOR	21d. INJURY OCCURRED The F	LACE OF INJURY INTEREST 211 LOCATION STREET 3,376 CA	erto's Prince, Suffered By George
NER: TH ICATE, V FORW/ FORW/ TOR: PA THE STA AND, 21	220 I certify that I took charge of the remo		pection , Inquiry , and in my opinion
EXAMILE SEED ONLE BE	death resulted fram: Natural couses	J, Accident L., Suicide L., Hamicide TIXLE (SPEC Deput	PATE 1/-//-
MEDICAL UTE THE E 4 SHOU UNERAL R DEATH	EXAMINER'S NAME AUGUST OF P	A MANAGER AND MANA	9 Rayburn Ct , Temple Hills, MD
TO ME EXECUTOR PAGE TO FULL	230.BURIAL, CREMATION, REMOVAL 23b. DATE (SPEC #Y) Removal 11/16/	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION COUNTY New York
07/84 <b>BP</b> 25M DHMH - 17	24. FUNERAL DIRECTOR  G. P. P. MARKE L. S. 6160 Ovon Hi	[250]	BATE REC'S BY 1981 TRANSPORT AND TOTAL

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STATE OF MARYLAND 073425 NOV 3018 TTATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO I. DECEASED NAME 20. DATE KNOWN TE MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-NECESSARY, PLEASE HUNERAL DIRECTOR 5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET, DEATH MATED 19 87 Armins Rusis /24 Dr. 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 1987 DEAD Male White July 1, 1907 80 To BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY WIDOWED XX United States DIVORCED Latvia Prince George's County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Legal Analyst/ Lawyer Library Bladensburg 4202 - 54th Street
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Congress 13a. STATE 1136. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4202 - 54th Street Prince George's Bladensburg Maryland YEST 20710 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THE CERTIFICATE. WRITING THE WORD."PENDING" IN PENCIL IN 176M 18. GIVE PAGES 1, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ACTONG WITH FOR PAGES 1. TO FUNERAL DIRECTOR: PAGE 35 HOULD BE USED AS A BURIAL TRANSIT PREMIT. PAGES 1. TO FUNERAL DIRECTOR: PAGE 37 HOULD BE USED AS A BURIAL TRANSIT PREMIT. PAGE 3. MATH THE STATE DEPARTMENTOF HEALTH AND MENTAL HYGIENE, DIVISIC BURIAL CREMATION, OR REMOVAL. MIDDLE FIRST Heinrich F. Rusis Elizabeth Feltman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mr. Robert Rusis, Son RD.1, Box 156, Pittstown, NJ. (YES, NO, OR UNKNOWN) I LIF YES, GIVE WAR OR DATES! Son, 07867 577-46-3103 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute myocardial disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which chronic myocardial disease. gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION None 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES None NO K 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 0 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 220. I certify that I taak charge of the remains described above, held on Autopsy Inquiry and in my opinian Natural causes X death resulted from: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy 11/24/87 SIGNATURE MEDICAL EXAMINER SIGNED\_ 1919 Seminary Road EXAMINERNAME Rogers. John S. M.D. ADDRESS Silver Spring, Montgomery County, MD TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE November NAME OF CEMETERY OR CREMATOR 23d. LOCATION STATE Burial 28, 1987 Rock Creek Cemetery Washington, D.C. 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE M. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home/
NAME Bethesda-Chevy Chase, Inc.
7557 Wisconsin Avenue, Bethesda, Maryland **DHMH - 17** (VR A15 ME (5)) land on P

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1	S.S.S. F.	(TYP	E OR PRINT)	KA'	TRICE	JENELL	SAUND	ERS			ATH MATED		3-87	M
	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS WITHIN 72 HOURS	3. SEX	MALE	BLACK	JULY 19,	1 007 6 AGE (IN )	PEARS IF UN		IF UNDER 24	AIN PRON	OUNCED EAD	MONTH	DAY YEAR	Za TIOOK
	SAR ALD YOU STON	70. BI	RTHPLACE (STA	ATE OR	76 CITIZEN OF WH		1 K S. ]				LTIMORE CITY		3-879 Y OF DEATH	11:07
	NEGES S FOR	D	Washing	ton, D.	C. U.S.	Α.	WIDOV	AED   MEA	/ER MARRIED	Pr:	ince Geo	orge's	County	У мр
12	PAGE STATE	}0. CI	Lanham		(IF NOT IN SUCH FAC	PITAL, NURSING HOA CILITY, GIVE STREET ADDRESS S HOSDITAL		ER INSTITUT	ION II	2a USUAL OG FOR MOST OF None	CCUPATION (TYPE)	PE OF WORK	None	STRY
21201	NOT SELECT	130 S Ma			OR OTHER INSTITUTION, GIV	e RESIDENCE BEFORE ADMIS 13. CITY OR TOWN Greenbelt	SION)	13d INSIDE CIT	TY LIMITS?		DRESS anover I	Parkwa		770
RE, MD.	( ) A ( )		THER'S NAME		WIDDLE	Poon			R'S MAIDEN	NAME	WIDDLE		Saunde	rs
IMO	ma On A	(Y	ES. NO. OR UNKNOV		RMED FORCES?	166. SOCIAL SECUR	ITY NO.	17. INFORM			ADDRES:			
MALT	A PAGE	No		( , , , , , ,		None		Karle	ean Sau	mders	(mother	c) sam		tem 13
DIVISION OF VITAL RECORDS, 201 W. PRESTON \$1	EXECUTED WITHIN 24 HOUSING" IN PENCIL IN ITEM 18 DICAL EXAMINER ALONG V DICAL EXAMINER REMIT H AND MENTAL HYGIENE, EMATION, OR REMOVAL.	7	Conditions gove rise couse (o): lying cous	s, if ony, which to immediat stating the <u>under</u> e last.	ATE CAUSE (o) AS DUE TO, OR (b) O	sphyxia as a consequence verlaying as a consequence ut not related to the tex	: OF	E OR CONOITION	I GIVEN IN PART 1	l (a).				
REC	PENCE PENCE DAS DAS HEALT	ATIO	19a. DATE OF C	OPERATION	19b CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORA	MED?				20 AUTOPS	(Y 2
ITAL	HER OF HER	IFIC											YES 🔀	
ON OF V	ERTIFICATE SING THE WOOD THE WOOD BE SHOULD BE PARTMENT PRIOR TO BE	MEDICAL CERTIFICATION	210. EXTERNAL UNDERLYING CONTRIBUTIN	CAUSE WAS OR G CAUSE OF	216 TIME OF HOUR A.M. DEATH P.M.	MONTH DAY YEAR 11-1319 8	AR				sleeping	PART I OR PART	(2)	
DIVISIO	WRITING WRITING WRITING ARE 3 SH ATE DEPA	MEDI	21d. INJURY OF WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTO	OF INJURY (AT HOME, ORY, FARM, ETC.)		STREET Hano	ver Parl	kway Gr	reenbelt,P	rince (	Miy George's	, MD
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURSECUTE THE CRRITICATE, WRITING THE WORD" PENDING" IN PENCIL IN ITEM IP PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO THE OF UNERDAY BURIAL. TRENSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BARTIMONE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	230 BI	22% I certify death insulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	that Hope chay	narles P./I	on-		TITLE (SF	tstant	Undetermine	xaminer		<u>11-14</u>	
07/B4 25M	0/2	(5	Burial UNERAL DIRECT		Nov. 18,19			morial	Park	Lar	ndover, STRAR [256. REG	Md.		STATE
25/11	DHMH - 17 (VR A15 ME (5))	V	ann & W.	illiams,	4804 Ga.	Ave., N.W.	,Wash	,D.C.	NOV 1	8 1987	1.0 %	(older	D. D.	,

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	ST	ATE OF N	IARYL	AND	
DEPART	MENT O	F HEALTH	AND	MENTAL	HYGIENE
	CERT	IFICAT	E OF	DEATH	

	FOR STATE PREGISTRAR			DEPARTN		EALTH AND MENTAL HYG ICATE OF DEATH	REG.	NO.	0 0 4	2 0 ~
	EASED NAME	FIRST	A	AIDDLE	L	AST	20 DATE OF DEATH	HINOM	DAY YEAR	2b. HOUR
,,,,,	OKYMINI	LEROXIE	ΞΙ	DELRIA	S	ALMOND	NOVEMBER	18	1987	12:45Pm
3. SE>	(		RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	
-	Female		Bla	ck	1 MONTH	17 1947	40	YRS		HOURS MIN.
7a. Bli	RTHPLACE (STATE OR	FOREIGN 7b		WHAT COUNTRY?	8	<b>4</b>	9. BALTIMORE CITY			1
N	lew York		U.S.	Α.	WIDOWE	DIN NEVER MARRIED DINORCED	Prin	ce Ge	orge's	MD.
	TY OR TOWN OF DE	ATH 11	NAME OF H			OR OTHER INSTITUTION	12a. USUAL OCCUPA			OF BUSINESS OR
	Lanham	- A	MI"BOO	TORS THO		L OF PR. GEO.	CO. Clair			ivate
13a S	AL RESIDENCE (IF NUR TATE	136 COUNTY	HER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP CO	DE	
	MD	PG	14 60	Largo		YES NO	900 Falo			0772
14. FA	THER'S NAME	MIO	DIF	LAST		15. MOTHER'S MAIDEN NAM	WE		14	457
	Albert		-3	Georg	ge	Willie	Mae			cker
	VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS Up	per Ma	rlboro, N
1,	NO	N/	_	2236880	74	Thomas Sali	mond/900	Falc	on Dri	ve
	18 CAUSE OF DEA	H (Enter only o	ne couse per	line (or (o), (b), one	lics	- /			APPRO) BETWEEN	XIMATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	VAS CAUSED B		Lives	2+	addie			lw	reeh
CAL CERTIFICATION	Conditions, if ony gove rise to im couse (a), stati underlying coust PART 2 OTHER SIG	mediate ng the e lost.  NIFICANT CON  ATION  DERLYING  CAUSE OF DEATH	DUE TO, OF	TION FOR WHICH FINJURY	NCE OF	NOT RELATED TO THE TERM N WAS PERFORMED  21c HOW INJURY OCCURE	INAL DISEASE OR CO	20b. IF 1 IN CER	YES, WERE FINDI TIFYING CAUSE YES []	INGS USED
MEDICAL	21d INJURY OCCUR	RED	21e, PLACE (	DE INJURY HT. FACTORY, DEFICE, FA	IFM, ETC.)	ZIII. LOCATION	CITY OR	TOWN	COUNTY	STATE
	220.1 certify that ()	of place of did lidid on	ENSIN	deceased from patter death.		ATTENDING PHYSICIAN 1226 ADDRESS	MEDICAL ST	AFF BICIAN [		ERIGNED
	URIAL, CREMATION	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION			701
	remation	2	11/2	0/87 C	edar	Hill	Suit	Land	PG	Marylar
	INERAL DIRECTOR	ins/74					V 23 1987		ISTRANS SIGNA	
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Maryland

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	y be	r r r r r r r r r r r r r r r r r r r			CEASED NAME ORPRINT)	SAM		MIDDLE	SCARL	ATO			MONTH DAY		26 HOUR 2.52P
-7	ge 4 mo	1000		3. SEX	_		4. RACE White		5. DATE C	ын 27°, 19	13	6 AGE (IN YEARS LAST BIR	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	meral dir	it once	2		RTHPLACE (STATE OR-	FOREIGN	U.S.A	what country?	MARRIEI WIDOWE	NEVER MARK		PRINCE GE		FDEATH	MD
10	s offier of the by the	novidied	4		TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN				120 USUAL OCCUPATION OF THE CASE OF WORLD PRIVE		126 KIND O INDUSTRY Ameri	F BUSINESS OR
MARYLAND 2120	n 24 haur	must be	6	Ma Ma	ryland	13b COUN P. C	OTHER INSTITUTION, TTY	GIVE RESIDENCE BEFORE 13. CITY OR TOWI Cottage	City	134 INSIDE CITY L YES NO		4142 Bunk	er Hill	Road	20722
	ted with		0		THER'S NAME Frank		MIDDLE	Scarlato			setti	WIDDLE		Arno	
BALTIMORE,	be executed		1		AS DECEASED EVER ES, NO OR UNKNOWN)	IN U.S. AR	MED FORCES?	579-18-8		Marie So	carlat	ADOURE to (Wife) Co			Hill Road Md 20722
RECORDS, 201 W. PRESTON 9	v requires that the death ce	iit. Then please remove carr riar to burial, crematian, ar t ny injury, ar other troumotic		ATION	/ )	nediate ng the lost.	DUE TO, OF	1)	NCE OF	DISON NOT RELATED TO TO	THE TERM	HYDON MALDISEASE OR CONI	DITION GIVEN		
DIVISION OF VITAL REC	PHYSICIAN: The lavending physician.	a Mental Hygiene pr ar Item 18 shows or	7	CAL CERTIFICATION	21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDI	DERLYING CAUSE OF DEA	21b. TIME O	FINJURY M. MONTH DA				YES NO	IN CERTIFYIN	G CAUSES	OF DEATH?
DIVISION	AL OR ATTENDING the hospital or att AL DIRECTOR: After	should be detoched for use as the buy with the State Dept. of Health and Me IMPORTANT: If Item 21 is marked an I		MEDICAL	21d INJURY OCCUR  WHILE NOT WE AT WORK NOT WE AT WORK  22e I certify that (I) sow the deceos oboye, (II) (Wa) (I)  27h SIC TURN TURN  27 INVSICIAN'S NOT WE AT WORK  27h SIC TURN TURN TO THE AT WORK  27h SIC TURN TURN TO THE AT WORK	(his hospi ed olive ad did (did no	toli) attended the	edeceased from	7 or	DEGREE  ATTEM PHYS  22e ADDRESS	NDING SICIAN (S	AEDICAL STAF	19. In the ond hour or	22c. DATE	SIGNED 7
	BP	60M 7/		2F [4	URIAL, CREMATION, Burial WHOISE Gas 39 Baltimo	ch's S	23b. DATE 11/18/3 Sons Fur venue H	87 Mt.	Oliv ne, P	et Cemet	MATORY	23d LOCATION CITY OR TOWN Washingto	n D.C	OUNTY	STATE

11/19/97

DHMH-16 60M 7/84 6633 OId Alexander Ferry Rd Clinton, Md 20735

Cremation

STATE OF MARYLAND

Lee's Crematory

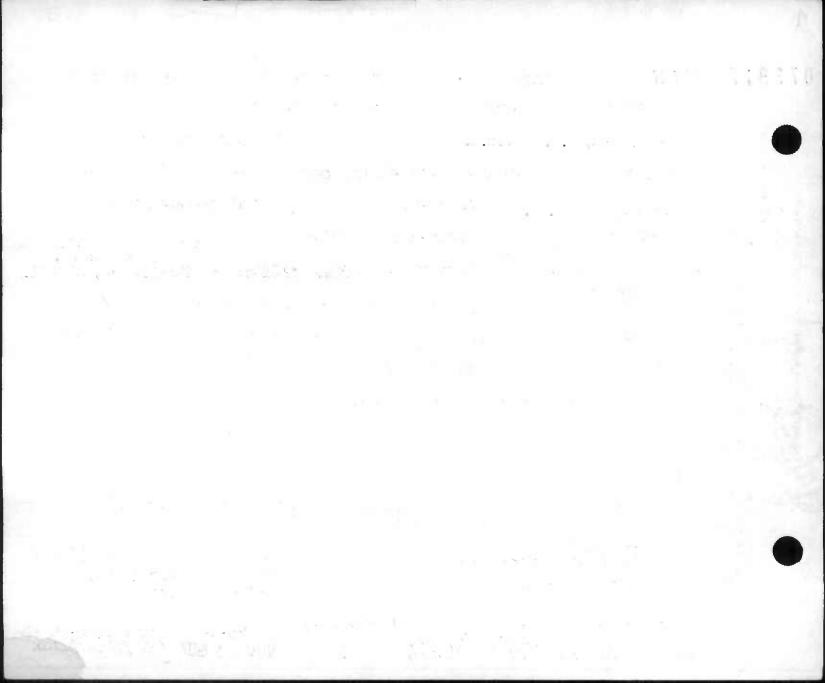
Clinton

NOV 25 1987

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STATE



STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	

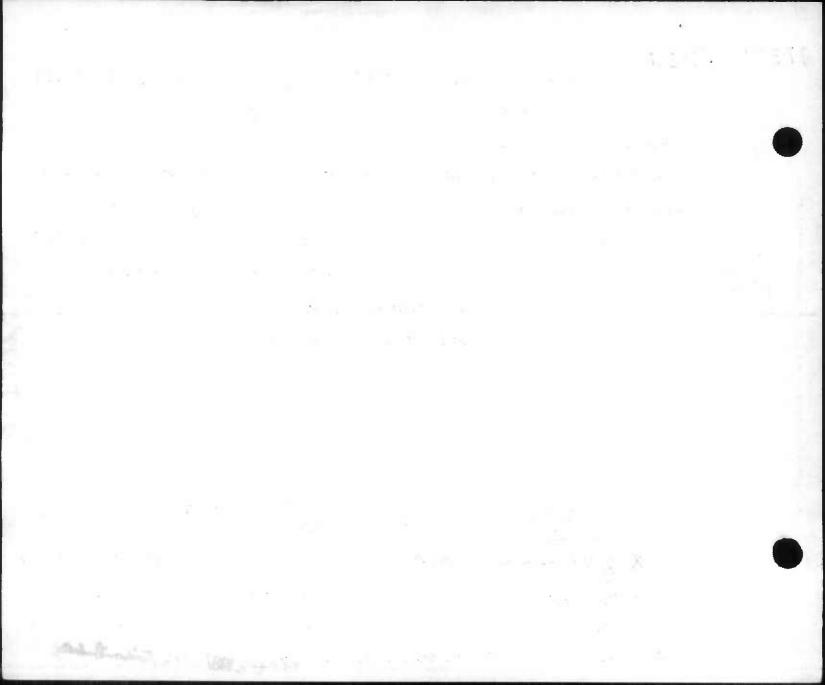
1-	FOR STATE REGISTRAR			DEPART		EALTH AND MI		END /	NO.	J	to g	, ,	•	
T SE	EASED NAME	FIRST		MIDDLE	Į.	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HO	UR	
1,,,,,		HELEN	PAT	RICIA	SCI	TTIME			NOA	30	87	8:22	2 PM	
3 SEX			4 RACE		5. DATE C			6 AGE (IN YEARS LAST	BIRTHDAY)	MONT	DER I YEAR	IF UNDE	R 24 HRS	
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7a BIF	THPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8 MARRIE	DXX NEVER MA	ARRIED 🗆	9 BALTIMORE CIT		OF DEATH				
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Can	y OR TOWN OF DEA		Malcol	HOSPITAL, NURSIN H FACILITY, GIVE STREET N Grow Me	dica1		NOITU	Retired			PARTITION CONTRACTOR C			
Mar Mar	ryland	136 COUN		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Temple H	VN	44	40 🗌	13e STREET ADDRES			2074	8		
II FA	THER'S NAME FIRST Adam	,	MIDDLE	Lukas	ik	15. MOTHER'S A	MAIDEN NAM RST .TY	AE MIDDLI			Nu	zsew	ski	
	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMAN	T	ADDRESS						
()	no no	[IF YES, GIVI	WAR OR DATES)	189-05-7461			Donald J. Schmitt same as it					tem 13		
	CARDIOPULMONARY ARREST  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (0), stating the underlying cause lost  CARDIOPULMONARY ARREST  DUE TO, OR AS A CONSEQUENCE OF										10407			
CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			20a AUTOPSY? 20b. IF YES,			WERE FINDINGS USED (ING CAUSES OF DEATH?			
MEDICAL CE	7] a ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	P.M. 19			216 HOW INJURY OCCURRED (ENTER NATURE OF INJUR			NJURY IN ITEM	LY IN ITEM 18 PART 1 OR PART 2)				
MED	TIE NOTWE AT WORK	RK	(AT HOME ST	OF INJURY  21 F LOCATION  STREET			CITY OR TOWN COUNTY					STATE		
	272.1 certify that (1) this haspital attended the deceased from 18 NOV 19 87 to 30 NOV 19 saw the deceased alive on 30 NOV 19 87, and that in (my) companion death accurred on the date and hour a above, (1) wooldid) and view the body ofter death.  272. SIGNATURE  DEGREE										fram the	causes s		
	X 9 7	to	o Parinti	MD	)		TENDING TYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN			30 NOV 87			
	KETTH J					Andre		Force Ba	se, M	ary1	and			
	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	12/4/8			emetery or cr d Vetera		23d LOCATION Chelte	nham	co I	G.		Md.	

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT

TO FUNERAL DIRECTOR

24 FUNERAL DIRECTOR G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



# 1 - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE/
MEDICAL EXAMINED'S CERTIFICATE OF DEATH

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U/	3048 NO	DECEASED NAMI	Lab. A		AIDOLE		20 DATI	E KNOWN AD M	ONTH DAY YEAR	2h 419 148
	RS. SE		Shirley	В	irch	Sedberry	DEAT	H MATED	au 14/9 8	7 04
	PLEASE CTOR. FILES. HOURS TREET,	3. SEX	4. RACE	S. DALE OF BIRTH		FUNDER 1 YR. IF UNDER			ONTH DAY YEAR	21LETOLUE
	ARY, PLEASE I DIRECTOR. YOUR FILES. N 72 HOURS TON STREET,	1	111	09-07- 15		MONTHS DAYS HOURS	MIN PRONO		1.14.08	1000
	SSAR YOUNG	70 BIRTHPLACE (ST	ATE OR	ID. CIMELIN OF WHA	T COUNTRY?		9 BALT	IMORE,CITY OR C	OUNTY OF DEATH	71 AW
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E,	E STAN	Henry			ahum	Ethel		MIDDLE	Devon	
BALTIMORE,	TER DE FORM FORM	160 WAS DECEASED		ED FORCES?	166. SOCIAL SECURITY NO				ard Road	
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	R: TI TE, DRW	The second of		af the remains describ	ned above held an A	utapsy , Inspectial	Inquir	and in	my apinian	
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	L EXA DULD NL DIR H, WII	ACTUAL SIGNATURE	1 2	115	2001	THE SPECIFI		(	DATE NAU/	41980
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	TO MEDICAL EXAL EXECUTE THE CERT PAGE 4 SHOULD F TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY	230, BURIAL, CREMA	Andrew Control of the	h DATE	23c. NAME OF CEMETE	ADDRESS	23d. LOCATION			
		(SPECIFY)					CITY OR TOWN		COUNTY	STATE
07/84 25M	BP	Burial 24 FUNERAL DIRECT		1-16-87	<u>Cedar Hill</u> Baltimore Av	Cemetery	Suitlan BEC'D BY REGIST	d Pr. C	eo. Md.	
	DHMH - 17	NAME				11011	24 1007	11. 1	2 - 0 1	-
	(VR A15 ME (5))	Francis (	Jasch's S	ons Hyatts	sville, Md.	20781 NUV	7 1 1201	Home Man	only Control	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11/		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 / 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4											
7 1		CEASED NAME FIRST E OR PRINT) Mabel	Louise	01	nank	Novembe	_	1987	26 HOUR 12:15а <sub>м</sub>				
		emale	4 RACE Caucasian	n Ju	TE OF BIRTH ONTH DAY 19 2, 1915	6. AGE (IN YEARS LAST BIR	YRS_	MEUNDER I YEAR IF UNDER 24 HRS.					
2	P	IRTHPLACE (STATE OR FOREIGN COUNTRY) ennsylvania	U.S.A.	MAF	RRIED NEVER MARRIED DWED DIVORCED	Prince George's							
3	R	ity or town of DEATH  iverdale	(IF NOT IN SUCH FACE	l Memorial		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE  12b. KIND OF BUSINESS OF INDUSTRY OWN Home							
5	M			CITY OR TOWN Ollege Par	K YES NO TO NO	13e STREET ADDRESS 8423 58th		ie, 20	740				
7	Jo	ohn		Burkholder		MIDDLE H		Shet					
)	No.	WAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!	17-80-732	0.0.	/	es Colle	20	rk, Md. 0740				
1		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSI	nly one couse per line ED BY TE CAUSE (o)	cut 1	nyocardial	Inface	Am	BETWEEN	MATE INTERVAL ONSET AND DEATH				
	1	Conditions, if any, which	DUE TO, OR AS	DUE TO, OR AS A CONSEQUENCE OF Severe Cronous and Asses									
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS	a consequence o	Diabeter	mellen	2-1						
	NOI	PART 2 OTHER SIGNIFICANT	EN IN PART TIE										
2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERA	TION WAS PERFORMED	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)							
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	MONTH DAY YE	21c HOW INJURY OCCUR	RY IN ITEM 18 PA	8 PART : OR PART 2}						
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, F)	JURY ACTORY, OFFICE FARM, ETC	211 LOCATION STREET				COUNTY STATE				
		22a. I certify that (I) (this hospital) attacked the deceased from 19 8 1, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (all no) view the body after death.											
	9	22b. SIGNATURE	AS L		ATTENDING PHYSICIAN								
		Abraham B.		D.	27e ADDRESS 4404 Queens	sbury Rd., R	iverda	ale, Md	. 20737				
	В	BURIAL, CREMATION, REMOVAL (SPECIFY) Urial	11-07-87	Ft. L	of CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN  Brentwoo	od. P.	COUNTY Ma	state				
	作R 47	ANCIS GASCH	S SONS F	UNERAL	HOME. P.A. 250 DA	OV 1 0 1987	25b. REGISTR	RAR'S SIGNAT	URE				

### AROL SHEAFFER AGE (IN YEARS LAST BIRTHDAY) Female White Jun 31 0AY 1939 48 7a BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY Maryland MARRIED NEVER MARRIED USA DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME HOUSEWITE WORKING LIFE) BALTIMORE, MARYLAND 21201 Maryland Temple Hill 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME FIRST MIDDLE MIDDIE Annie Greene Russell John Samuel Sheaffer 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 579 50 7791 18 CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a W. PRESTON ST. to the lungs, pleurae, and abdomen DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last. 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO Hygie 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 71d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM ETC ) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated obave, (I) (we) (did) (did not) view the body after death 276. SIGNATURE DEGREE 10 mg MEDICAL STAFF ATTENDING should be deta with the State [ PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 77d PHYSICIAN'S NAME 22e. ADDRESS Wordyard Road \$ 201 Clin for 4820755 23a. BURIAL, CREMATION, REMOVAL Ft Lincoln Cemetery (SPECIFY) Burial 7Nov1987 "Bladensburg"Maryland

Wilhelm

Maryland

24 FUNERAL DIRECROBERT

Suitland

DHMH - 16 60M 7/84

(VRA 15, 4)

Funeral Home

- STATE

PECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

Home

#13

NO [

22c. DATE SIGNED

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

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Same as

20. DATE OF DEATH

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DHMH - 16 60M 7/84

Richard A. Coleman Funeral Home (VRA 15, 4)

Cremation

11/14/87 Cedar Hill Crematory Upper Marlboro, Md. 20772NO

Suitland

Md. (Pr.Geo's)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Unknown 87-112 1 - STATE REGISTRAR REG NO 9 PASED NAME 7a DATE KNOWN 26 HOUR ESTI-E 5 FOR YOUR FILES.

D, WITHIN 72 HOURS

W. PRESTON STREET, DEATH MATED 11-2-1987 Natalie 4 RACE 2d HOUR 3:35P DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY Female Black 1.87 01 23 57 30 YRS DEAD To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY USA WIDOWED North Carolina DIVORCED Prince George's County ND 3 TO THE FLETAIN PAGE 5 SULD BE FILED, POORDS, 201 W IN CITY OR TOWN OF DEATH OR INDUSTRY II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION FOR MOST OF WORKING LIFE! (IF NOT IN SUCH EACHITY GIVE STREET ADDRESS) y Prince George's General Hospital Cheverly Factory Worker Pvt 113b. COUNTY Marvland 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Palmer Park Prince George 7807 Greenleaf Road 14 FATHER'S NAME VTER CE. 15 MOTHER'S MAIDEN NAME Herbert Dixon Emma Sidbury DIVISION OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. Palmer Park, Md (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN TO THE EXECUTED WITHIN THE BEST OF THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN HIGH PAGE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER A ALONG WITH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISIONE, MARYDAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. \$79-74-2444 Emma Sidbury/7807 Greenleaf Road 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR NOR UNDERLYING 7:4APM CONTRIBUTING CAUSE OF DEATH Passenger in auto/auto collision TIE PLACE OF INJURY (AT HOME. 711 LOCATION 21d INJURY OCCURRED AT WORK NOT WHILE Landover and Barlowe Roads, Landover, Prince STREET, FACTORY, FARM, ETC.) road George's County, Autopsy X 220. I certify that I taak charge of the remains described above, held on death resulted from: Suicide Homicide Undetermined manner Natural couses Accident TITLE (SPECIFY) ACTUAL 11-3-87 Deputy Chiefical Examiner SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. Penn Street, Baltimore, MD 21201 TYPE OR PRINT ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236 DATE 736 NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Nov 11.1987 Church Cemetery Jacksonville Onslow NC Buria1 74. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** NOV Davidson Pandally (VR A15 ME (5)) .B. Jenkins FH/7474 Landover Rd/Landover, Md

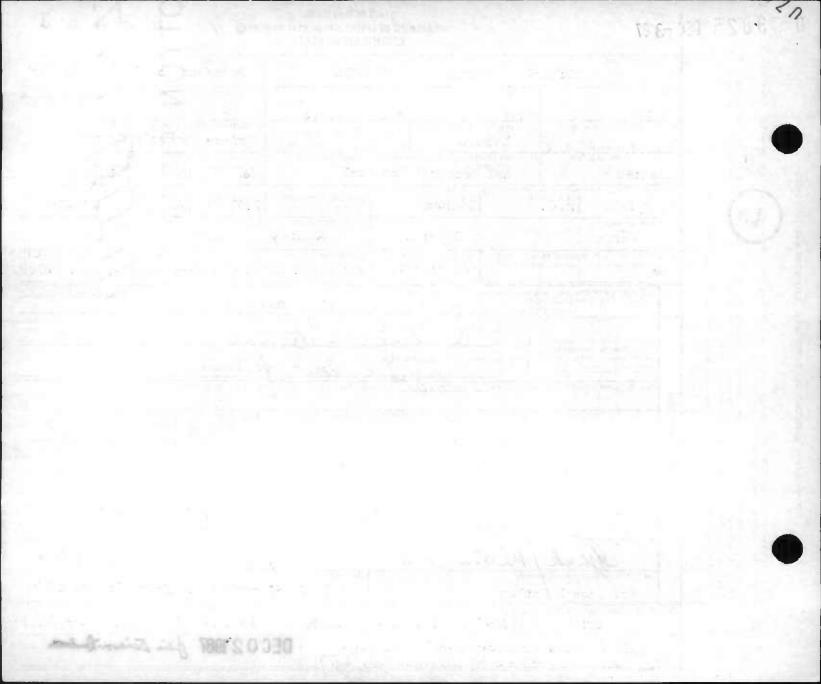
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noy be poge 3 rr deoth	I. DECEASED NAME FIRST (TYPE OR PRINT) Rich	nard Verne	SIMKINS	November 23,	1987 2b HOUR 5:45AM
ge 4 may sctor, po	3. SEX Male	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 73 YRS	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
a formation of the control of the co	7a. BIRTHPLACE ISTALE OR FOREIGN COUNTRY) Washington 10. CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY?  U.S.A.	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED DIVO	Prince George	S County  MD.  12b. KIND OF BUSINESS OR
BALTIMORE, MARYLAND 21201  cote be execut  ysicion and com  opers. Pages  wol.  11, the medigal existing must be non-	Lanham  USUAL RESIDENCE (# NURSING HON 130. STATE  Maryland  P. (	(IF NOT IN SUCH EACH ITY, GIVE STREET  AMI DOCTORS  BE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE  DUNTY  134. CITY OR TOW  134. CITY OR TOW	E ADMISSION)	Mail Clerk	
MARYLA	14 FATHER'S NAME VERNE	MIDDLE Simikin	is Nother's Maiden NA A Warey	Mäüde	Ousley
IMORE, in ond co	NO NO OR UNKNOWN) (IF YES	ARMED FORCES? 16b. SOCIAL SECU 042-07-5		Mkins (Wife) Lan	1 Kepner Court ham, Md. 20706
US, 201 W. PRESTON ST.  quires that the death certil signed by the ottending p hen please remove carbon to buriol, cremotion, or rem jury, or other troumatic ew	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2. OTHER SIGNIFICAL	DUE TO, OR AS A CONSEQU	ence of alert of	farluie Minal Disease or CONDITION GIV	VEN IN PART 110
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offending physicion.  After this certificate has been sig os the buriol-tronsit permit. Then though Amental Hygiene prior to be nowled or frem JB signs proprinting	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE O  (I FEITHER, NOTIFY MEDICAL EXAM	216. TIME OF INJURY FDEATH HOUR A.M. MONTH D	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR 19	_ IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \) PART ( OR PART ?)
ATTENDING PHYSICIA begins or otherding phictOR. After this certification of the buriolity of the ord Membel is morked or item.	sow the deceased alive	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ospital) attended; the deceased from	11/5 19.87	city or town  to	county state  19 4 7 , that (I) (we) lost or and from the couses stated
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detoched fourth the Stote Dept. (MPORTANT: if them.)	226. SIGNATUS 226. PHYSICIAN NAME (1	d not) view the fody alter death.  Melter in  Mathew  Mathew	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN  Lworth Ave. River	1/23 87.
₽P	230 BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	Brentwood P	.G. Maryland
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR Francis Gasch'	s Sons Funeral Ho	ome, P.A.	CRO 28 1987 RARES REGIS	RARS SIGN TUR

4739 Baltimore Avenue Hyattsville, Md. 20781

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND 072907 NOV 24-87 RTE DEPARTMENT OF HEALTH AND MENTAL HYGJENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) OF 1. IF ANY DELAY IS NECESSARY, PLASE
2. AND 3 TO THE FUNERAL DIRECTOR
3. RETAIN PAGE 5 FOR YOUR
5. FOULD BE FILED, WITHIN 72 HOURS
5. FOULD BE FILED, WITHIN 72 HOURS
ALL FEGORDS, 201 W. PRESTON STREET, Sheila DEATH MATED 11-1219 87 Ann Simmons IF UNDER 1 YR. 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2c DATE LAST BIRTHDAY) PRONOUNCED 11-12 10 87 July 7, 1955 DEAD 32 YRS Female BLACK P. M 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED FOREIGN COUNTRY) Prince George's County, MD U.S.A. WIDOWED DIVORCED Texas ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Clinton Southern Maryland Hospital CORRECTION OFFICER D.C. GOVT. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13h COUNTY P.G.MARYLAND FORRESTVILLE YESXX NO 2514 RICHIE RD MD. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LEONDUS CHANBLISS CHAMBLISS DORIS BROWN 1B. GIVE PAGE WITH FOR IT. PAGES 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS MARYLAND (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) N/A 212-72-4583 DAVID SIMMONS 2514 RICHIE RD. FORRESTVILLE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D AATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF EXECUTED WITHIN ING" IN PENCIL IN Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EN EXECUTE THE CERTIFICATE, WRITING THE WORD "RENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A HAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BARTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR MEDICAL driver in auto/fixed object impact 1087 CONTRIBUTING CAUSE OF DEATH 4: 00P.M. The PLACE OF INJURY STREET, FACTORY, FARM FTC 1 WHILE NOT WHILE XX Temple Hills Rd. at Kirby Rd., Clinton, Prince road George's Co., Md. Autopsy XX 220. I certify that I took charge of the remains described above, held an Inspection Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) 11-13-87 Assistant EXAMINER'S NAME Dennis F. Smyth 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY CHELTENHAM P.G. CHELTENHAM VETERANS MARYLAND 07/84 25M JENKINS FUNERAL HOME **DHMH - 17** 7474 LANDOVER RD. LANDOVER, MARYLAND (VR A15 ME (5))

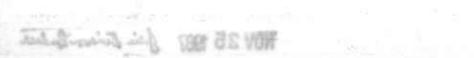
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE SETSISTRAR REG. NO 20. DATE KNOWN (TYPE OR PRINT) ESTI-O THE FUNERAL DIRECTOR.
PAGE 5 FOR YOUR FILES.
E FILED, WITHIN 72 HOURS
201 W. PRESTON STREET, DEATH MATED LAST BIRTHDAY) DATE PRONOUNCED 13, 1926 White Jan. DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH U.S.A. Prince Georges County Washington, D.C. AGE W DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Doctor's Hospital Bus Drive D.C. Metro Lanham Mary land Riverdale 5805 63rd Place 20706 14. FATHER'S NAME Benjamin Simms Connor Catherine Franklin ADS 805 63rd Place 17. INFORMANT 16b. SOCIAL SECURITY NO. Yes-Navy 578-24-7866 Celeste Simms (Wife) Riverdale, Md. 20706 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITE OF UNREAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a ancer + emplysema Canditions, if any, which gave rise to immediate cause (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 NO L 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY 220. I certify that I took charge of the remains described above, held on Inspection Autopsy and in my opinian death resulted from: Natural causes Accident Suicide Undetermined manner 11/23/87 Md. Veteran's Cemetery Burial Cheltenham 07/84 Francis CAsch's Sons Funeral Home, P.A. Jandan DHMH . 17 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5))

STATE OF MARYLAND

Berne and Alle Start J. 1885 and Applications

11201	nours offer death. Page 4 may be	by the funeral director, page 3 be filed within 72 hours after death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	the death certificate be executed within 2	the attending physican and confitting file remove carbon papers. Page transfer shark emotion, or removals.
DIVISION OF VITAL RECORDS, 201 W	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 hours after death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and conflictly filed un by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpopers. Page 1 and thou had filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remavals.
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		FOR	DEDADTA	STATE OF MARYLAND MENT OF HEALTH AND MENT	TAL HYCHENES 7	3 3 4 4 6
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been mit. The prior to any in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	D 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
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G PHYS attending er this c the bur and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PŁACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWI	COUNTY STATE
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ATTE ospito ECTO d for f. of h		saw the deceased alice on above, (h) vel (did) (an opt 22b SIGNATURE	wew the body after death.	· · ·	opinion death occurred on the date	ond hour and from the causes stated
by the hby the hby the hBrand DIR		4/2	lsen	//// PHYS	IDING MEDICAL STAFF	IN DATE SIGNED
etoined by the TO FUNERAL should be del with the Store IMPORTANT:		22d PHYSICIAN S NAME (TYPE OR	Elson	6525	Belesest Rd	Kyetsville MD
	230 B	urial, cremation, removal specificremation	1 1	NAME OF CEMETERY OR CREM	CITY OR TOWN	COUNTY STATE
BP	24 "EU	INERAL DIRECTOR _	11/23/87 Met	ropolitan Crem	atory Alexandri	a Fairfax Virginia
DHMH - 16 60M 7/84 (VRA 15, 4)	D	onald V. Borgwar	dt 4400 Powderm	Millor Rd •	NUV 25 1987	Julia Dender Gadalle



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(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

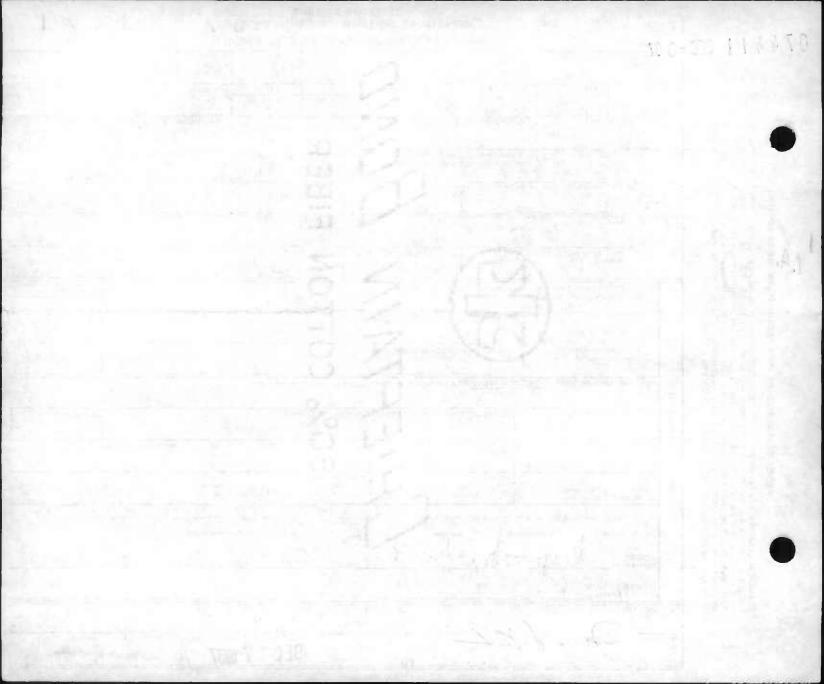
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BP		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 14Nov.			EMETERY OR CREMATORY Hill Cemet	23d LOCATION CITY OR TOWN	tland	PG	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FU	NAME RObert E Funeral I	Wilhelm Home	n ADDRESS	land	25a. DAT	REC'D. BY REGISTR	ARIZSE REGIST	RANGSIGNAT	UNDadaka

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NOVE	- S	OR per funera		DEPARTMENT OF		ENTAL HYGIENE		3 4 6 9
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N 72 HOUR	SEX	ole BLACK	JUNE 27	YEAR LAST BIRTHO	ARS IF UNDER 1 YR. MONTHS DAYS RS.	IF UNDER 24 HRS. 2. HOURS MIN P	RONOUNCED DEAD	ONTH DAY YOUR STA
//	FOR	THPLACE (STATE OR EIGH COUNTRY) RTH CAROLINA		WHAT COUNTRY?	8. MARRIED NE	VER MARRIED	PRINCE GI	
		Y OR TOWN OF DEATH	II. NAME OF HO	OSPITAL, NURSING HOM	E, OR OTHER INSTITU		LOCCUPATION (TYPE OF	
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3	60. W (YES	AS DECEASED EVER IN U.S.	. ARMED FORCES? , GIVE WAR OR DATES)	578-60-45		REYNOLDS 1	150 51st PL ASHINGTON D	NE.
ORIAL, CREMATION, OR R	NO	cause (a) stating the unlying cause last.  PART 2 DTHER SIGNIFICANT (OND)	(c)	OR AS A CONSEQUENCE		N GIVEN IN PART I 10		
アとろう	CERTIFICATION	190. DATE OF OPERATION	19b CONE	DITION FOR WHICH OPE	RATION WAS PERFOR	RMED?		20 AUTOPSY?
2	AL CERT	210 EXTERNAL CAUSE WAS		OF INJURY .M. MONTH DAY YEA	R 21c. HOW INJURY	OCCURRED (ENTER NA	TURE OF INJURY IN ITEM 18 PART	
1	ă l	WHILE NOT WHILE	71a PLACE	.M. 19 E OF INJURY (AT HOME, ACTORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY
100 100 100 100 100 100 100 100 100 100		220. I certify that I taak	charge of the remained	described abave, held an	Autapsy ,	Inspection .		my apinian
		ACTUAL AUG	Natural causes [],	Accident   , Si	TILE (S	SPECIFY)	mined manner,	DATE SIGNED //-
	1	SIGNATURE CAN	1	11 0	M.D.	MEDIC		SIGNED
7	/	EXAMINER'S NAME	ugusto P. 1	Rodriguez. M	ADDOCCC	THUVEN POUC	n Ct . Temn	le Hills. MD
2	23 a. B.U	(TYPE OR PRINT) RIAL, CREMATION, REMOVE CIFY)		23c NAME OF CE	METERY OR CREMATO	ORY 23d. LOC	ATION	le Hills, MD
7	230.BU (SP	(TYPE OR PRINT)RIAL, CREMATION, REMOV	23b. DATE 11-7-87	23c NAME OF CE	METERY OR CREMATO	ORY 23d LOC CITY OF LAN		MARYLAND STATE

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IMPORTANT: If Hem 21 is morked or

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

TOT STATE REGISTRAR				REALTH AND	MENTAL HY	GIENES /	REG. NO.	0 3	4	1 2
1. DECEASED NAME	FIRST	MIDDLE		LAST		20. DATE OF		ONTH DAY	YEAR	25 HOUR
AR	THUR		SPR	AGUE			Novem	ber 4	1987	8:00 PM
3 SEX	4. RACE			OF BIRTH		6 AGE IIN YEA		DAY) IF	UNGER I YEAR	IF UNDER 24 HRS
Male	Negro	100	MONT	2 2	04	82		YRS. MON	NIHS DAYS	HOURS MIN.
7a. BIRTHPLACE   STATE OR FOI	REIGN 76. CITIZEN OF	WHAT COUNTRY?	3.	- NEVE	MARRIED -	9 BALTIMOR	E CITY OR		F DEATH	
New York	USA		WIDOWI		ONORCED []	Prince	Geor	ge		MD.
10. CITY OR TOWN OF DEATH	Malcoln	HOSPITAL, NURSING CHEACILITY, GIVE STREET AD TO GOOD Medi	cal			120 USUAL OF WORK F Retire	OR MOST OF W	ORKING LIFE		BUSINESS OR
Maryland F	SHOME OR OTHER INSTITUTION BL. COUNTY T. George	131. CITY OR TOWN		YES 📉	CITY LIMITS?	132 STREET AL 2714 Sh	DDRESS / Z Lawn C	t 20	744	
14 FATHER'S NAME FIRST Herbert	WIDOLE	Sprague		15. MOTHE	R'S MAIDEN NA FIRST Martha		WICDLE		Rant	tis
160 WAS DECEASED EVER IN  (YES, NO OR UNKNOWN)  NO	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURI 086-18-939		17. INFORM Ethel	Sanche:	z same	as it			
gove rise to imme	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF (b)  Asystole  DUE TO, OR AS A CONSEQUENCE OF (c)  Recent Myocardial Infarction									
PART 2. OTHER SIGNIE	ICANT CONDITIONS <u>C</u>	ONTRIBUTING TO DE	ATH BUT	NOT RELATE	D TO THE TERM	MINAL DISEASE	OR CONDIT	ION GIVEN	IN PART 110	
190 DATE OF OPERATION	DN 19b. COND	ITION FOR WHICH O	PERATIO	N WAS PERF	ORMED	200 AUTOP	SY?   2 NO <b>XX</b>	Ob. IF YES, W N CERTIFYIN YES [	VERE FINDING NG CAUSES O	GS USED OF DEATH? NO
210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICAI 21d. INJURY OCCURRE	JSE OF DEATH HOUR A	DE INJURY .M. MONTH DAY .M.	YEAR	21¢ HOW	INJURY OCCUR	RRED (ENTERNATU	RE OF INJURY I	N ITEM 18 PART	I OR PART 2)	
21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARI	M, ETC )	211 LOCAT			CITY OR TOWN		COUNTY	STATE
sow the deceased above, (X (we) (did	his hospital) attended the olive on 4 Nover	nber 1987		ember		to 4 No death accurred	ovembe			not (X (we) last ouses stated
226 SIGNATURE	dolen	mb		DEGREE		MEDICAL DIRECTOR			4 No	N87
224. PHYSICIAN'S NAM		,		22e ADDRE	SS Malco	lm Grow	USAF	Medic	al Cen	ter
	COLAR, Capt				Andre	ws AFB I				
230 BURIAL, CREMATION, RE    SPECIFY  BURIAL	23b. DATE 11/7/8	7 St. NA	ME OF C	emetery of	crematory.s. Ch.	Cem. CONT		sh.	P.G.	Mä.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill, Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

MOV O 9 1887

## STATE OF MARYLAND 072080 NOV 17 87 DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR REG. NO. I. DECEASED NAME 28. DATE KNOWN AMONTH 26 HOUR (TYPE OR PRINT) OF DEATH MATED IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHQAY) YOUR PRONOUNCED MAY 16. 1911 76 DEAD 78. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. PRINCE GEORGES CO. WASHINGTON DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY DOCTORS HOSP'T LANHAM HOMEMAKER AT HOME AL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) Je STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS P.G.C. Md. 13304 BOWIE OLD CHAPEL RD. 20715 YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST UNKNOWN PHILLIPS UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS (SAME AS ITEM 579-34-3806 LINDA M. APPROXIMATE INTERVAL F MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, BL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH Canditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION USED AS 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH "WITH THE STATE DEPARTMENT OF H BALTWORE, MARKALAND, 21201 PRIOR TO BURIAL, NO [M YES 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOURAM MONTH DAY YEAR P.M. 10 - 28 198 UNDERLYING CONTRIBUTING CAUSE OF DEATH 214. INJURY OCCURRED AT WORK AT WAT 22a. I certify that I took charge of the remains described above, held en death resulted from Notural couses Accident Suicide Homicide \_\_\_\_\_\_ Undetermined monner TITLE (SPECIFY) DATE 11-5-87 MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct , Temple Hills, MD (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 11-6-1987

07/84 BP DHMH - 17 (VR A15 ME (5))

24 FUNERAL DIRECTOR

CHAMBERS CREMATORY RIVERDALE

P.G.C.

W. W. CHAMBERS CO.

RIVERDALE, Md. 20737

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	STATE	OF	MARYLAND	

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noy be	60	,,,,,,		RLYSLE	GAINES	S	TARK	NOVEMBE	ER 10.	1987	11:41p M	
mod ,	ė.	3. SE	(	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BE		FUNDER TYEAR		
ge 4	0		Male	Caucasi	an	June	1 1919	68	YRS	NOTE TO A TO	MIN.	
P P	2 /1/		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH		
dear	75	1	rizona	U.S.A		WIDOWE		Prince Geo			MD.	
by the	28	Ga:		Malcoln	Grow Med	ADDRESS]	Center INSTITUTION	ON 120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Safety Engineer Andrews				
A	1 RE	130. S Ma	AL RESIDENCE (IF NURSING HOAD TATE 136, CC	LE OR OTHER INSTITUTION DUNTY harles	13c. CITY OR TOW Issue	e admission) /N	13d. INSIDE CITY LIMITS?   13e STREET ADDRESS / ZIP CODE   Rte. 1, Box 119A				45	
0	10	FA	THER'S NAME	WIDDIE	LAST	1	15. MOTHER'S MAIDEN NA			IA.	61	
2 18	8/80(	1	William	MINDEL .	Stark		Viana	MIDDLE Gaine				
0 9	記場の	160. V	VAS DECEASED EVER IN U.S		16b. SOCIAL SECL		NO. 17 INFORMANT ADDRESS					
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PHYS endin	and Me	MEDICAL	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE	
ING - off	as t		AT WORK AT WORK			10 1	51/	16 7/6				
END rol o	Heo Heo Is m	- 1	22a. I certify that ## (this h	ospital) attended the	over deceased from _	37	nd that in (my) (our) opinion	depth essured as the d		19 <u>87</u> ,	that the (we) lost	
ospid	a 2		22b. SIGNATURE	yiew the body	alte death.		DE GREE	death accurred on the d	ore one nour	22c DATE		
HOSPITAL OR ATTENDING PHYSICIAN, inned by the hospital or ottending phys FUNERAL DIRECTOR: After this certifico	ate Dept.		The SIGNATURE ME	Olive	35-		ATTENDING	MEDICAL STA	FF CIAN []	10 NO		
d by	TAN STAN		22d. PHYSICIAN'S NAME (1)	PE OR PRINT)			27e ADDRESS MALCO	LM GROW USA	F MED	CEN		
O HOSI	should be der with the State IMPORTANT:		TERENCE M. Q	UIGLEY, M	AJ, USAF		1	WS AFB, MD		1-5300		
Je J	∞ 3 ≤	23a B	URIAL, CREMATION, REMOV	AL 236. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
BP			Cremation	11/11	/87 Me	tropo	litan Cremato	ry Alexan	dria	Vir	ginia	
DHMH - 16	60M 7/84	24. FL	INERAL DIRECTOR		6160	0xon	Hill Rd . 2 NON	REC'D BY REGISTRAR	25b REGISTI	RAR'S SIGNA	Kondally.	
(VRA	15, 4)	G	eorge P. Kala	s Funeral	Home C	xon H	ill, Md.	10 1301	0		A	

4739 Baltimore Ave., Hyattsville, Maryland

DHMH - 17 (VR A15 ME (5))

177282 W 1982

NSV 1 7 1987

Items, 18a., Part #2, 21b.,-22a., 6-334, STATE OF MARYLAND

372

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

3

	٦.	FOR STATE		DEPARTM		EALTH AND MENTAL HYG	IEMP '	3 0	.,	
U	0/	REGISTRAR					REG NO			
		CEASED NAME FIRST OR PRINT!	TI	DOLE	TR	ICK LAND	20 DATE OF DEATH MO	I-2-	-87	The Hour
	3 SEX		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTHD			IF UNDER 24 HRS
	7	F	Cauca	sian	MONTH	- 9- 1900	87	YRS.	HS DAYS	HOURS MIN.
		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8		9 BALTIMORE CITY OR		DEATH	
	W	ashington DC	115	A	WIDOWE	77	Prince (no	eorges		MD
1	10 C1	TY OR TOWN OF DEATH			HOME	R OTHER INSTITUTION	12ª USUAL OCCUPATION	1 1		BUSINESS OR
2	+	AL RESIDENCE (IMPURSING HOME OR	Carrol	Hane Hane	r NI	ursing Home	HOUSEW	ORKING LIFE) II	NDUSTRY	
9	13a. S	TATE 136. CO.UN	GOMERY	GAITHERS		134 INSIDE CITY LIMITS?	13eSTREET ADDRESS / Z 10010 STEDW	ICK RU	AD #30	20879
1	14 FA	THER'S NAME				15 MOTHER'S MAIDEN NA				
100	2	DAVID	WIDDLE	POOR	E	CAROLINE	Theres	a J	ohn's	son
2		VAS DECEASED EVER IN U.S. ARI	E WAR OR DATES)	518-44	-7642	LOUIS W. STK	ICKLAND, JR./	SON/SA	ME AS	13
		18 CAUSE OF DEATH (Enter on	ly ane cause per l	ine for (a), (b), and	feri	/	1.1	I	APPROXIMA BETWEEN ON	ATE INTERVAL
		PARTI. DEATH WAS CAUSE	D BY: E CAUSE (a)	Conglis	and	- News 2	eilare		im	nediaz
	04	NEN OF PAGEN		AS A CONSEQUE	NCE OF					
	10	Conditions, If any, which	( (b)	AS A CONSCIGOR						
		gave rise to immediate cause (a), stating the		AS A CONSEQUE	ICT OF	-				
		underlying cause last.	(c)	AS A CONSEQUE	4CE OF					
		PART 2 OTHER SIGNIFICANT O		NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN I	N PART Ira	
	NO O	Am mut	Wien !	(AK)	1780	es due am	nowne of	no	1000	
7	CAT	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	PERATIO	WAS PERFORMED	200 AUTOPSY?	Ob. IF Y	RE FINDING	3S USED
4	CERTIFICATION	10/22/87	91.	myren	e n	Torre	YES NO	YES T	3 CAUSES O	NO []
7	CER	21a. ACCIDENT WAS UNDERLYING	216 TIME OF			216 HOW INJURY OCCUR			OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEA	III	A. MONTH DA	Y YEAR					
П	MEDICAL	21d INJURY OCCURRED	21e PLACE O	F INJURY		211 LOCATION				The same
	ž	WHILE NOT WHILE AT WORK	JAT HOME STRE	ET FACTORY OFFICE, FA	RAM ETC )	STREET	CITY OR TOWN		COUNTY	STATE
		220.1 certify that (1) (the hospi	tal) attended the	deceased fram	a	1977	to nor	7 19	77 th	nat (we) last
	l	sow the deceased alive an abave, (1) (we) (did) (did na		2 19 <b>9</b>	<b>7</b> , ar	nd that in (my (aur) apinion o	death occurred an the date	and have and	d from the co	suses stoted
		226. SIGNATURE	I view life body o	red dedili		DEGREE			22c DATE SI	IGNED
		(/mes	(1)	10-20	20	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAL	vn	11/3	180
		224 PHYSICIAN'S NAME (TYPE O	R PRIVIL			22e ADDRESS			1/ 0/	
		TAMES I	100	ster m	1-0	916		V-W	í	
	23c. B	URIAL, CREMATION, REMOVAL	236 DATE			EMETERY OR CREMATORY	23d LOCATION	10	UNTY	STATE
		BURIAL	NOV 5,	1987 GAT	E OF	HEAVEN CEMETE	RY SILVER SP	RING M	ONTGOM	MERY MD
	24 FU	INERAL DIRECTOR FRANC	CIS J. CO	DLLINS, J	R.	250 DAT	E REC'D. BY REGISTRAR 256	REGISTRAR	SSIGNATU	RE
	50		VD W SII	LVER SPRI	NG, N	ID 20901 NUV	U 9 1987 1"	Neuros	- Hond	ARL :

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

IMPORTANT: If Hem 21 is marked or Hem 8 shaws ony injury, ar other traumatic event, the medical

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The service of the se

- 100 S C AUN

grant and the compatible of th

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.			
DATE OF DEATH MONTH	DAY	YEAR	2b. I
NOV	20	87	9

PE OR PRINT)	ERNEST ERNEST	R.B.	STITH
EX	4. RACE		5. DATE OF BIRTH
M	RTA	CV	MONTH DAY

VEAD 1939

AGE (IN YEARS LAST BIRTHDAY) 48

IF UNDER I YEAR IF LINDER 2.1 HRS.

58

TO BIRTHPLACE ISTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED

PR. GEO. 28 USUAL OCCUPATION

12b. KIND OF BUSINESS OR

PENNA ID CITY OR TOWN OF DEATH

CLINTON

14 FATHER'S NAME

YES

- STATE

3. S

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SOUTHERN MARYLAND HOSPITAL

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

LTYPE OF WORK FOR MOST OF WORKING LIFET CONTRACT MONITOR

13e.STREET ADDRESS / ZIP CODE

BALTIMORE CITY'OR COUNTY OF DEATH

INDUSTRY GOV T

DOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN PG CLINTON

13d. INSIDE CITY LIMITS?

NO [ 11105-PENNY AVE 15. MOTHER'S MAIDEN NAME

20735 LAST

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH

OUIS E. STITH

IAN WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

MIDDLE

1962-1964

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)

166 SOCIAL SECURITY NO 160-32-4250

FRANCIS CREAMER 17 INFORMANT wife

SANDRA STITH 11105 PENNY AVE., CLINTON 20735

IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause last.

PART I. DEATH WAS CAUSED BY:

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

98 DATE OF OPERATION

216. TIME OF INJURY

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES []

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR P.M

22a | certify that (1) (this haspital) attended the deceased from Nov 15

CAPONE

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d. INJURY OCCURRED AT WORK AT WORK 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

sow the deceased alive an Nov 20 above, (I) (we) (did) (did not) view the body after death 22b. SIGNATORE

DEGREE

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

.19<u> \$ 2</u>, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED NOV 21-8

22e. ADDRESS

SURRATTS Kd 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

日本

24. FUNERAL DIRECTOR

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL BURIAL

HARMONY MEMORIAL PK

LANDOVER 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ALEXANDER S. POPE 2617-PA., AVE., S.E. DC 20020

NOV 2.5 YES?

George P. Kalas Funeral Home Oxon Hill, Md.

(VR A15 ME (5))



12 C AGA

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CEDTIEIC ATE OF DEATH

	-	REGISTRAR				CERTIF	CATEUR	DEATH	F	REG. NO.			
21.		CEASED NAME	FIRST	MIDDLE			AST		2a. DATE OF DE	ATH MONT	H DAY	YEAR	2b HOUR
44	UAE	OR PRINT) Esth	er	7	7	Ta	ylor		Nov.	17,	1987	7	6:10P
	3. SEX	/		4. RACE		5. DATE C			6. AGE (IN YEARS		16.11	INDER 1 YEAR	IF UNDER 24 HRS
	3. SEA						D 414	YEAR	78	LASI BIRTHDAT	MON		HOURS MIN.
		Female		Cauca		4/1	4/13/10				YRS.		
٥.	7a. BI	RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF V	WHAT COUNTRY?	8.	NEVER	MARRIED T	9. BALTIMORE	CITY OR CO	UNTY OF	DEATH	
×		Ohio		USA		WIDOWE		NORCED	Prin	ce Ge	orge	es	MD.
T	10. CI	TY OR TOWN OF DEAT	Н		IOSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL OCC			12b. KIND OI	F BUSINESS OR
+		Laurel			(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Greater Laurel Belts. Hosp. (TYPE OF WORK FOR MOST Nurse						KING LIFE)	ital	
1000	ÜŚÜ	AL RESIDENCE (IF NURSIN	G HOME OR				2001	noop.	Harbe			11000	Toux
			3b. COUN	1TY	13c. CITY OR TOWN		13d. INSIDE		13e.STREET ADD	RESS / ZIP	CODE	- D-3	20707
2	M		PG		Laurel		YES	NOX	341 Br	ockbr	Lage	e Ra	20707
7	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER	S MAIDEN NAM	M	IDDLE		t.AS1	
U		Edgar Ear	1		Kaler		Na	nnie	Am	elia		Pa	rr
1		VAS DECEASED EVER IN		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU	RITY NO.	17 INFORM	ANT C		ADDRESS			
1	1	NO		A.	276-07-	7355	34fr	Brockb	ridge :	Rd. I	aure	el MD	20707
		IL CAUSE OF DEATH				l rain	Δ.	0.0				APPROXU	MATE INTERVAL DINSET AND DEATH
		18. CAUSE OF DEATH PART I. DEATH WA	SCAUSE	D BY:	The for of A	BIA	A	full K	T			BETWEEN	INSET AND DEATH
		1/	MMEDIAT	E CAUSE (a)	Cili	10 (1)		10.00	/		-		
				DUE TO, OF	AS A CONSEQUE	N8 8 2	150	ADA. /A	NID	1000	15		
	Conditions, if any, which gove rise to immediate (b) DUE TO, OR AS A CONSTRUCTION OF CONTROL OF CON												
cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF													
	100	underlying cause	last.	((c)_									
		PART 2 OTHER SIGNI	FICANT	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATE	TO THE TERMI	NAL DISEASE OF	r CONDITIO	NGWEN	IN PART In	
	CERTIFICATION		(,4)	LOWIC	OBS	TRUC	TIVE	PUL		MUY	D	MEX	43E
1	K	19a DATE OF OPERATION	ON	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPS	(? 20b.	IF YES, W	ERE FINDIN	IGS USED
1	Ĕ								YES TO NO		YES T	G CAUSES	OF DEATH?
h	8	21a. ACCIDENT WAS UNDE	RLYING [	216. TIME O			21c HOW II	JURY OCCURR	ED (ENTER NATURE			I OR PART 2)	
4		OR CONTRIBUTING CA		an l	M. MONTH DA								
/	MEDICAL	(IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE		21e PLACE (		19	21f LOCATI	140					
	¥	WHILE NOT WHILE		(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC )	STREE		CI	TY OR TOWN		COUNTY	STATE
		AT WORK AT WORK	· U			0/		0.6	A1 /	h		02	
		22a.1 certify that (1) (1			0/	01	18	_, 19_00	, to	17	. 19_	0/	that(I) (we) lost
		saw the deceased above (1) (we) (di	dive on	Dview the body	ofter death	7_, or	d that in (my)	(aur) apinion d	eath occurred or	the date ar	nd hour an	nd from the o	couses stated
		22b. SIGNATURE	1	1111	arrar adam.		DEGREE					22c. DATE	SIGNED
		AHIM	JUMA	VIVI()				ATTENDING Y PHYSICIAN	MEDICAL DIRECTOR	STAFF	7	11-1	7-87
1	1	22d. PHYSICIAN'S NAM	ME (TY E O	R PRINT)	0 0-	7	22g)ADDRE		DIRECTOR	A		-	-
1		(TI) EGG	YSTE	A- (	au 11/10	Nul	0317	Chan	A I NOO	10	00	MAD	20707
_		Olvo -1		1	188		1001	wai	Link	tun		MIV.	
	230. 6	SPECIFY)	EMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR	CREMATORY	23d LOCATIO		C	OUNTY	STATE
		Cremation		111/19	9/87 I	3 W C	remat	ory	Laur	e1	PC		MD
34	24. FU	JNERAL DIRECTOR	mer	21 Uam	T ADDRESS			75a. DATE	REC'D. BY REGI	STRAR 256 R	EGISTRAF	R'S SIGNATI	URE
		7601 Sar	ndy	al Home Spring	e Inc.	rel i	MD 20	707 NOV	23 the	7 7	The same	wern-Ka	ndale !
	G.,,,									, ,	19-1		

17 22 FE 1870 FF

- STATE

(VRA 15, 4)

3311 Lancer Place 20782 McDowell 3311 Lancer Place Hyattsville, MD 20782 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WO PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Burial 11/09/87 Gate of Heaven Cemetery Silver Spring Mont. <sup>24 FUNERALDIRECTOR</sup> Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, MD 20781 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 www. Pandalle

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

2b HOUR

12b. KIND OF BUSINESS OR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO WALTER July 31, 1916 YEAR Male white. a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Pennsulvania PRINCE GEORGE COUNTY O. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PROCESS ENGANCER. Singer-Link Corp Laurel ISUAL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE Laurel Howard Md 9402 N. Laurel Road 20707 MENTATHER'S NAME 15. MOTHER'S MAIDEN NAME Elsie P. Brown 17 INFORMANT 16b. SOCIAL SECURITY NO. Thelma L. Taylor same as above 577 07 9496 18. CAUSE OF DEATH (Enter only one cause per fine for (a) to), and PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140 ) whites 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? HOUR A.M.A. MONTH DAY YEAR OR CONTRIBATING AUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, ANTON WHILE THOUGHT 220.1 certify that (I) (this haspital) attended the deceased from \_, and that in (my) (aur) apinian death accurred on the date and have and fram the causes stated 22e. ADDRESS Burial Nov. 28. 1987 St Pauls Lutheran

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Bonaldson Funeral Home, Laurel, Maryland Fullon, Maryland

773	853 DEC	18-	FOR BTATE BTGISTRAR				MENT OF H	EALTH		ENTAL HY			3 ;	3 6	1 3	3
	O J J DLC			AF FIRST	MEI		EXAMINI	ER'S C	ERTIFIC	CATE OF			REG. NO.			
		(TY	CEASED NAM			MIDDLE		ı	AST		20	OF ES	STI-	MONTH	DAY YEAR	
	ASESE.			ANNE		C.			LER			DEATH MA	TED	11 2	22 19 8	
	A SECTION AND A	3 SE	emale	Cauc.	Nov.13,1	YEAR Q25	6. AGE (IN YEAR LAST BIRTHDAY	MONTH:	DER 1 YR.	IF UNDER 2		DATE RONOUNCEL DEAD	0	MONTH 11	22 <sub>19</sub> 8	7.30
<del>D</del> .	A P S C	7a. B	RTHPLACE (S	STATE OR	7b. CITIZEN OF WE			R		L	- 9	BALTIMORE	ECITY OR			/ A <sub>N</sub>
•	STATES /		PREIGN COUNTRY)		United			WIDOWE	D O	VER MARRIEI DIVORCEI		Prince	e Geor	rge's	s Count	ty MC
	PAGE		ry or town Bowie		11. NAME OF HOS (IF NOT IN SUCH FA 8305 C	owan	Ave.		R INSTITU	TION	ACC	LOCCUPATI ST OF WORKING OUNT C.	on (type of Terk	F WORK	RIND OF E OR INDUS Financ	USINESS IRY 181
21201	A COUNTY	13a. S	AL RESIDENCE TATE Sarylan	13b. COU	or other institution, Given the George		OR TOWN		13d INSIDE C	ITY LIMITS? 1	13e STREE	T ADDRESS COWAL	n Avei	nue/	20715	198
WD.	(=x=21/7	14 F.	ATHER'S NAM	E	WIDDLE		1241		15. MOTHE	ER'S MAIDEN					1157	
	3/1/201	3	heodor	e	MIDDLE	Mart	cinson		G	ertrud	e	MIDDLE	]	Bren	nan	
IMO	adons /	16a. \	VAS DECEASE	DEVER IN U.S. AF	MED FORCES?		IAL SECURITY		17. INFORA			7561 4	Chris	land	Avenu	e
BALTIMORE	S AFI SINE SINE VISIC		No			113-	-22-142	5	Lori	A. Th	aler	Falls	Chur	ch,	VA 220	42
12	N N N N N N N N N N N N N N N N N N N		18 CAUSE C		nly ane cause per line										APPROXIMA BETWEEN ONS	TE INTERVAL
NO NO	A MENORAL		T PART Y D	IMMEDIA	TE CAUSE ( ) UIT.				ies c	of head	d and	l neck				
W. PRESTON ST.,	MATERIA		Conditio	ns, if any, which		AS A CON	ISEQUENCE O	F								
. P	WITAL TRAP		gove r	ise to immediate ) stating the under	(b)											
	MEN PER NAME NO MEN ON O MEN		lying car		DUE TO, OR	AS A CON	ISEQUENCE O	F								
RECORDS, 201	IS CERTIFICATE SHOULD BE EXECUTED WITH RRITING THE WORD "PENDING" IN PENCIL REDED TO THE CHIEF MEDICAL EXAMINER 25E 3 SHOULD BE USED AS A BURIAL - TRANS TO FRANKENT OF HEALTH AND MENTAL LOT PRIOR TO BURIAL, CREMATION, OR REM	z	PART 2 DINER S	IGNIFICANT CONDITION	CONTRIBUTING TO DEATH I	BUT NOT RELA	TED TO THE TERMIN	AL DISEASE	OR CONDITIDE	N GIVEN IN PART	1 (a).		<del></del>			
REC	MEDICO BE E	E S	19a DATE OF	OPERATION	10h CONDIT	ION FOR	WHICH OPERA	TION MAY	c BEREOR	AAED2						
DIVISION OF VITAL	SHOULD CHIEF CHIEF TOF H	MEDICAL CERTIFICATION		S. EKAHOIT	170. CONDIT	IOIN POR	WITH OPERA	TION WA	S PERFOR	MED?					2D AUTOPS	
OF.	ATE WENTHE WENTHE	CER	21a EXTERN	AL CAUSE WAS	21b. TIME OF HOUR AM	INJURY	DAY YEAR	21c. HO	W INJURY	OCCURRED	LENTER NAT	TURE OF INJURY I	N ITEM 18 PART	T 1 OR PART		
NO	A A TO HOUSE	CAL		OR OR CAUSE OF	DEATH /XX	11-2	2- 1987			was be	eater	1.				
IVIS	OEP DED DEP DEP	WED	21d. INJURY O		21e PLACE C STREET, FACT			21f. LOC			(	CITY OR TOWN		COUN	(IY	STATE
۵	E, WRITI E, WRITI RWARDE PAGE 3 STATE D 5, 21201		AT WORK	NOT WHILE AT WORK	1	ome		830	5 Cov	van Ave	e., E	Bowie,	Princ	ce Ge	eorge's	s, MD
	FORV ND, ND,		220.14	ty that Nook of in	ge of the remains desc	ribed aba	ve, held or	Autopsy		Inspection		Inquiry	. ond ir	n my opin	iion	
	PE BE		death result	ed from Non	ref couses .	Accident	J/ Spic	ide 🔲,	Homic	ide X	Undetern	mined manner	r 🔲,			
	CER CER CER CA CA CA CA CA CA CA CA CA CA CA CA CA		ACTUAL	119	Varie	. De	Van		Chi	PECIFY)				DATE	11-22	2-87
	SHAPE SHAPE	1	SIGNATURE	110	Am.		2.0	M.[	)		MEDIC/	AL EXAMINE	R	SIGNED.	11 22	2 0 /
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AS THE DEATH, WITH THE STATE BALTMORE, MARYLAND, 2120		EXAMINER'S (TYPE OR PRI	1	E. Smial				DDRESS_		enn S	St., Ba	alto.,	, MD	21201	L
	202749	23a.B	URIAL, CREMA	TION, REMOVAL			AME OF CEM				23d. LOCA	ATION	. 77.	COUNT	170	STATE
07/84 25M	BP		Crema		Nov.24,198	•	901								Virgi	nia
	DHMH - 17	100	NAME		ADDRESS	Annar	polis R	oad	1	25a. DATE REC					RATURE	
	(VR A15 ME (5))	De	tu LLb:	neral Ho	ue bowre,	LIGT.	Talla C	ノエノ		LIEU	UAL	30/ di	بالله بهالله	hones		

QEO Q 2 1987 / 11 , 11 4 1997 2 0 0 0 3 Q

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG. NO. 2a DATE OF DEATH MONTH DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 5

MIDOLE

3. SEX	4. RACE	5
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	80
MARYLAND	UNITED STATES	

MIDDLE

MARRIED NEVER MARRIED

HOME

BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S

126 KIND OF BUSINESS OR 12a USUAL OCCUPATION OF WORK FOR MOST OF WORKING LIFE HOUSEKEEPER PRIVATE

CLINTON	BRADE	FORD NURSING
		GIVE RESIDENCE BEFORE ADMISSION) NANJEMOY

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

Route 1 Box 35/

4. FATHER'S NAME DANIEL

2-STATE

(TYPE OR PRINT)

DECEASED NAME

THOMAS

CARRIE 17. INFORMANT

SIMPSON

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO POWNKHOWN)

166 SOCIAL SECURITY NO

213-32-7936 Margaret Hawkins

Marbury, Maryland

18 CAUSE OF DEATH   Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	of The	Heurs
due to, or as a consequence of		
Conditions if now which		

gave rise to immediate cause to, stating the underlying cause

DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

CONDITION FOR WHICH OPERATION WAS PERFORMED

R CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH	DAY	YEAR
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.		19
4 INTITIPY OCCUPRED	214 PLACE OF INTURY		

YES [ NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE AT WORK 220.1 certify that (this hospital) attended the

211 LOCATION CITY OR TOWN

COUNTY STATE (our) opinion death occurred on the date and hour and from the causes stated

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

at view the bady after death

DEGREE ATTENDING PHYSICIAN 22e ADDRESS

and that in

MEDICAL STAFF DIRECTOR PHYSICIAN

NO T

23a BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY NOV.7,1987

23d LOCATION

IRONSIDES

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

BURIAL 24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

THORNTON FUNERAL HOME

POMONKEY MD

CHARLES

DHMH - 16 60M 7/84 (VRA 15, 4)

MT. HOPE

24. FUNERAL DIRECTOR Lee Funeral Home, Inc.

Old Alexander Ferry Rd Clinton, Md 20735

DHMH - 16 60M 7/B4

(VRA 15, 4) 663B

250. DATE RECT. BY REGISTRAR 251 DOISTRARY STOWN

the second

A STATE OF THE PARTY OF THE PAR

E. K. S. LAND

73	1499 D	ţ.	FORT STATE REGISTRAR			DEPARTA			MENTAL HYG	IENES	REG. N	<b>ن</b> اo.	3	4	8 6	
	m 4	1. DE	CEASED NAME	FIRST		WIDDLE	LAST			20. DATE C	FDEATH	MONTH	DAY	YEAR	26 HOUR	
y be	poge 3		Pe	earl		V.	Thorn	.e		L	_1	1 - 2	26 8	37	2:30A	м
moy.	Her o	3. SE	X		4 RACE		5. DATE OF B	IRTH DAY	YEAR	6. AGE IIN	YEARS LAST BIR	RTHDAY	MONTHS	R T YEAR DAYS	HOURS MIN	
90	ecto urs a	The same of	emale		White		10	7	1904	83		YRS				
-	52 10	70 B	IRTHPLACE (STATE OR F	OREIGN	Th CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER	MARRIED XX	9. BALTIM	ORE CITY C	OR COUN	TY OF DE	ATH		
Seat	1		aryland		U.S.A.		WIDOWED	] DI	NORCED	Prin	ice Ge	orge	S		Λ	AD.
į	21 /2//	10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		THER INS	TITUTION		OCCUPAT			KIND OF	BUSINESS C	R
0	13 7		restville		Rege	ency Nurs	ing Hom	e			y Exa				Gov't.	
1.24 hou	The state of the s	13a.	AL RESIDENCE (# NURS STATE ryland	13b. COUN	TY	GIVE RESIDENCE BEFORE 13t. CITY OR TOW S Forest	ville Y	ES 🏋	NO 🗌		ADDRESS Bedfo	rd Di	20	747		
ŧ	11/	PALE	ATHER'S NAME		AIDOLE	LAST	15.		S MAIDEN NA	ME	MIDDLE			LAST	_	
P	61 10	V	Samuel	Per	cry	Thorne		Net	tťie				1	aylo	r	
1			WAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES?	166. SOCIAL SECU 577-60-5	RITY NO. 17.	ather	rine U.	Matti	ngly	4007 Fore	Bedf	erd,	Ma:	
requires that the death curifican	the ottendingphy remove carboricable emotion or remove er troumatic emotion	7	PART I. DEATH W	AS CAUSEI IMMEDIATI which nediate	only one cause per line for (a), (b), and (c).)  ED BY: Hypotension  DUE TO, OR AS A CONSEQUENCE OF Possible Aspiration								BEIWEEN ONSET AND DEATH 30 mins.  40-50 mins.			
s thot th	ed by lease ial, cr or oth		cause (a), statin underlying cause	last.	Due to, or as a consequence of Alzheimer's Disease 5 years  It conditions contributing to death but not related to the terminal disease or condition given in part 110.							ears				
	n sign Then r to b injury	TION	19a DATE OF OPERA							20s AU1					0.5.1.1550	
The law	hos hos	CERTIFICATION				ITION FOR WHICH				YES 🗌	NOKE	IN CER	YES	CAUSES	GS USED OF DEATH? NO	
CIAN	phys tifico I-tron of Hy		OR CONTRIBUTING (	AUSE OF DEA	18	M. MONTH DA		Ic HOW IN	NJURY OCCURE	RED (ENTER	nature Of Inju	JRY IN ITEM I	PART : OR	PART 2)		
G PHYS	the but ond W	MEDICAL	21d INJURY OCCUR!	IILE 🗍	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F		f LOCATI STREE	ON T		CITY OR TO	OWN	co	UNTY	STATE	
ATTENDING PHYSICIAN: The	TOR: After the for use os the of Health and 21 is marked	7	220.1 certify tha (1) saw the decease abave (1) we) (	this hospit	UCT 6	19 7	H, and t	hot in my	, 19 <u></u>	, to	red on the d	26 late and h	. 19 & our ond f	f, t	hat () (we) lo auses stoted	)st
ő	DIRECTORING DIRECT		226. SIGNATURE	P	Lo	Ing	N	REE ADDRES	ATTENDING PHYSICIAN	MEDICAI DIRECTO	L STA	IFF CIAN []	22	L DATE	6/8/1	
TO HOSPITAL	etained by the TO FUNERAL ( should be deta with the State ( IMPORTANT: If		Ronald	Land	man, M.			9440	Pennsy1	vania	Ave.		r Ma	r/1bo	ro, Md	•
		730	BURIAL CREMATION	REMOVAL	173b DATE	1 23r. h	NAME OF CEM	LIFRY OR	CREMATORY	1734 LOC	AHON					

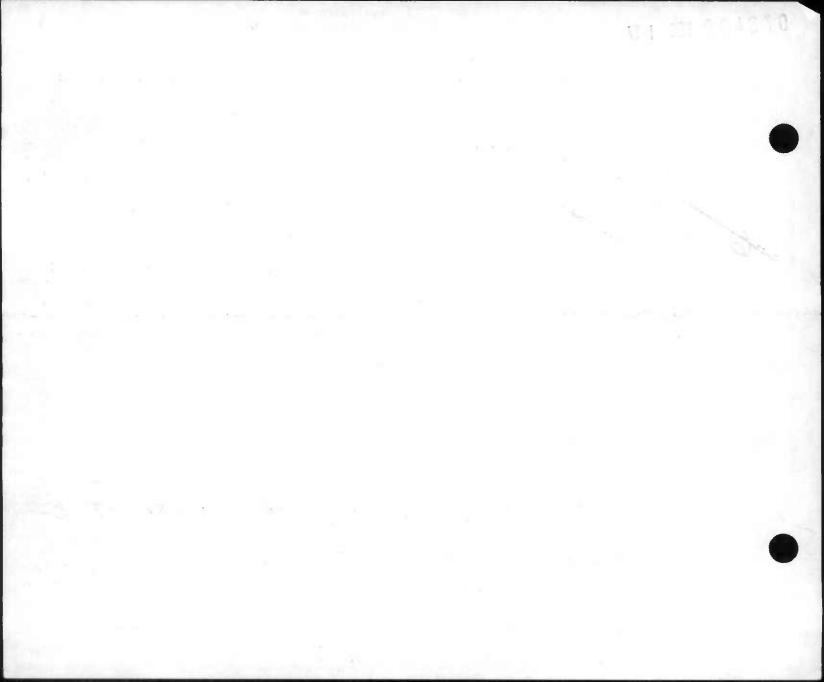
BP. DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 12-1-87 Burial 24 FUNERAL DIRECTOR

23E NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery 23d LOCATION CITY OR TOWN Suitland

Maryland P.G. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

6160 es Oxon Hill Rd. George P. Kalas Funeral Home Oxon Hill, Md.



23b. DATE

7/87

P. O. Box 156

Waldorf

FOR

REGISTRAR

230 BURIAL, CREMATION, REMOVAL

Burial

Funeral Home

(SPECIFY)

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

23c NAME OF CEMETERY OR CREMATORY

Mem

20601

REG. NO 20 DATE OF DEATH MONTH YEAR 2h HOUR IF UNDER I YEAR (IN YEARS LAST BIRTHDAY) IF UNDER 24 HR BALTIMORE CITY OR COUNTY OF DEATH Prince Georges 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 0wn Home Floral Park Rd/20613 Sellner ADDRESS -Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY STATE CITY OF TOWN 22¢ DATE SIGNED Waldorf Charles 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

and the second second

E

TO FUNERAL DIRECTOR ...
Whould be detached for use ... ith the State Dept. of Hea

DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT. # h

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

1	1.0	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.						
Ì		CEASED NAME F	-IRST	MIDDLE	Į.	AST	2a DATE OF	DEATH MONTH	DAY YEAR	26 HOUR			
I	Liver	Mil	ldred	Celia	Т	rask	Nov.	29, 1987			м		
Ī	3. SEX	(	4 RAI	CE	5. DATE C			EARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS			
l		male		aucasian	Febru	uary ^ 26, 1 912		YRS					
1	- C	RTHPLACE (STATE OR FORE		TIZEN OF WHAT CO	UNTRY?	D NEVER MARRIED		RE CITY OR COUNT					
I	Pe	nnsylvania		.S.A.	WIDOWE	DIVORCED	Princ	У ,	MD.				
J	10. CT	TY OR TOWN OF DEATH		NAME OF HOSPITAL,		OR OTHER INSTITUTION		OCCUPATION KEOR MOST OF WORKING L Naker	12b. KIND C	OF BUSINESS O	)R		
4		rwyn Heigh		16 57th A			Homer	naker	Own	Own Home			
1		AL RESIDENCE (IF NURSING TATE 13)	P.G.		or town yn Height			57th Aven	nue 20740				
J	14 FA	THER'S NAME	MIDDLE	-	LAST	15 MOTHER'S MAIDEN NA		WIDDLE	(45)				
1		Anthony		Fran		Märgare	τ		Stoef	ır			
1		VAS DECEASED EVER IN	U.S. ARMED F	OR DATES!	IAL SECURITY NO	17 INFORMANT	1/ 1	ADDRESS	) C	01	2		
I	No			¥13-5	6-8772	Margaret A.	Keeter	(Daugnte			3		
ı		18 CAUSE OF DEATH	Enter only one	couse perme for to	1), (b), and (c)	EN UNO E			BETWEEN	MATE INTERVAL ONSET AND DEATH	н		
ı		IM	MEDIATE CAL		NUP TO P	FAILURE					_		
ı				UE TO, OR AS A CO	NSEQUENCE OF	L OBSTRUCTIM	F DILL M	DUARU DICE	Det VE	ARS			
١		Conditions, if any, w gove rise to immed	7134 16		-								
١		couse 101, stoting the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF											
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									0	=		
ı	N O	COUGHSTIVE	HEAD	TEALLURI	= ANGINI	4 CORONARY		24 DISEA	E				
١	CERTIFICATION	19a DATE OF OPERATIO	N 1	96. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTO		ES, WERE FINDI				
١	TIE						YES 🗀	and the second s	ES [	NO 🗌			
1		21a. ACCIDENT WAS UNDERL		HOUR A.M. MON	NTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITEM IB	PART ( OR PART 2)	- 6			
١	CAL	(IF EITHER NOTIFY MEDICAL	SE OF DEATH	P.M.	19								
ı	MEDICAL	21d INJURY OCCURRED	- (	IE PLACE OF INJURY		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE			
1		WHILE NOT WHILE			A.,			A CONTRACTOR					
ı		22a.l certify that (l) (the sow the deceased of		NOV 26	00.7	nd that in (my) (our) apinion	, to	WESENT.		that (I) (we) la	ast		
ı		obove (I) we) (did)	(did not) view	v the body after ded	h.	DEGREE	death occurre	a on the date and no	22c. DATE		_		
ı		ZZB. SIGN OF	4.00000	0019.0	alus	ATTENDING	MEDICAL	STAFF	11-30				
4		22d PHYSICIAN SHAMI	E LIVPE OR PRINT	min	auce	PHYSICIAN DORESS	DIRECTOR	PHYSICIAN [	11-30	7-07	_		
			7			321 Prince G	oorgo (	St Laur	ol MAd	20707			
-	23n B	Eugenio S		DATE	123r NAME OF C	EMETERY OF CREMATORY	123d LOCA	ATION			=		
		Burial		2/02/87	Gate of	Heaven Ceme	tery Si	IVer Sprin	na Mont	STATE	, 1/1		
	2	NANOISTOCAS			NERAL H	OME P. 425a. DA	TE REC'D. BY R	REGISTRAR 256 REGIS	STRAR'S SIGNA	TURE	144		
		39 Baltimore						.1	widon Par				
-1								CHARLES CO	No. of the last				

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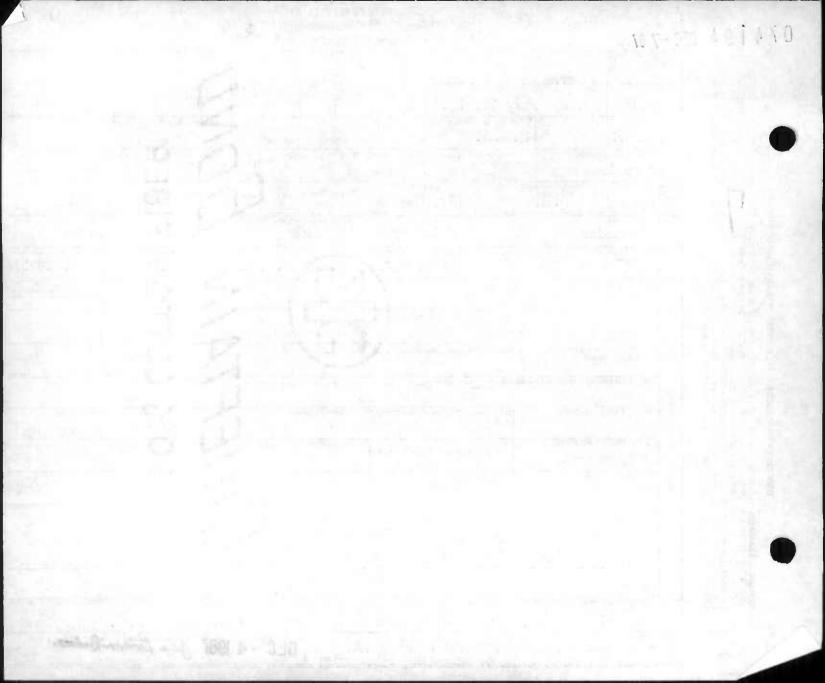
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